PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

02707

100105

FOR MEDICAL	L EAAWIINERS Reg. Di	ist. No.
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	
MARYLAND	STATE manyland Co	DUNTY
OR give nearest jown) / write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL	and give nearest town)
TOWN Standard (III)	TOWN Brodeville	? 7. 0.
HOSPITAL OR	STREET (If rural, give local	tion)
INSTITUTION OR STREET ADDRESS R F. D.	ADDRESS near Sunshing	4
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mont	h) (Day) (Year)
(Type or Print) Paul Ritter	Ahalt DEATH MA	n 27 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If	under I year [If under 24 hm
male white WIDOWED, DIVORCED, (Specify) married	10-23-1895 5-5 yrs. M	fonths Daya Hours Min.
1 IUM. USUAL UCCUPATION (Give kind of work 1 10b. Kind of Rusiness or	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Manuland	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles W abolt	Pearl Boner	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yee, give war or dates of Nohe	miriam Rice	
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
W SINGHOLD ON CONDITIONS DIRECTLY BEADING TO DEATH		UNSET AND DEATH
Immediate cause (a) Customera to	hanging	Famil
9044		diad
Antecedent cause(s) Diseases or conditions, if any, (b)		
164 a giving rise to the above cause		991 99 999 999 91
stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS	2 been depured.	
Conditions contributing to the death but not	V	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
The second of th		
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (CO	UNTY) (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.)	(CITTOR TOWN) (CO	UNII) (SINIE)
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while	HOW DID INJURI OCCUR!	
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A	Autopsy . Inspection . Inquiry [thereon	ond from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	osed died on the day stated obove, and death in	n my opinion resulted
from: natural couses , occident , suicide , homicide , SIGNATURE (Degree or title)	undetermined	DATE GIGNED
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Trank J. Broschut M. D.	Harthers burs mel	3-27-61
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town,	or county) , (State)
REMOVAL (Spreify) V AA 12-18-14	Cemetery Middletown	, Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGMAN 27-51 Gestrude B Lawler	M. R. Etchison &Son	Frederick ML



correct age

Evidence for change

in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

216 Reg Diet No.

02708

AND GOOD GOOD	2008 2700 1107
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MONTSomery MARYLAND	STATE Maryland COUNTY Montenness
CITY (If outside corporate limits, write RURAL and LENGTH OF ST	
OR givo nearest town) Bethesda (in this place)	TOWN Exethesda
HOSPITAL OR INSTITUTION OR	STREET (If yural give location)
STREET ADDRESS Judunban Jospital	ADDRESS 9509 Mac Arthur Blud.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Martha Jane	HIRED DEATH March 2 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	1 8. DATE OF BIRTH 1 9. AGE jast birthday If under 1 year off under 24 hrs
F WIDOWED, DIVORCEI (Specify) Wirdow	Months Dava Hours Mfn.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	
done during most of working life, even if retired) INDUSTRY	Virginia COUNTRY? 4.5.
13. FATHER'S NAME	14. MOTHER'S MALDEN NAME
Joshua Mestor	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	. 17. INFORMANT (AND ADDRESS
(Yes, pe, opunknown) (If yes, give war or dates of service)	Mrs. Kose Degraves-4504 Mac Pathur Blud.
	CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	ONSET AND DEATE
Immediate cause (a) Cerebral	Hemorrhage 2 days
<i>P</i>	
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause	**************************************
83a stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	N DO ATTROPHETA
198. DAID OF OLDERITOR 199. MASONE PHODINGS OF OLDERITOR	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, str.	Yes No B
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	eet, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
7/18	
22. I hereby certify that I attended the deceased from 7.2.0.	19.5/, to 3/.2, 19.5/, that I last saw the deceased
alive on 3/2 , and that death occurred a	t/3.55
SIGNATURIO (Degree or title)	ADDRESS DATE, SIGNED
Mhankle mach D CET	40 Leongra com.
Thereway cors M. O. Sele	el Suelly, and, 3/3/3/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMI	CTERY OR CREM TORY LOCATION (City, town, or county) (State)
Burial-Transit 3 Mar. 1951 Schoolfi	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-3-51	FUNERAL DIRECTOR ADDRESS
Jellen/Curverly	land year of also that well more to the tensor



CERTIFICATE OF DEATH

02709

510246

	FOR MEDICAL	LEXAMINERS	Reg. Dist.	No. 216
I. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED.	TY
Hontgomery	MARYLAND	STATE Warylar	id coon	chteorei
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN Bethesda	L and LENGTH OF STAY	CITY (If outside corpor OR TOWN Bethe	ate limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4013 Highl		STREET	(If rural, give location) Highland Aven	ue
3. NAME OF DECEASED (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
5. SEX 6. COLOR OR RACE	7 SINCLE MARINE	1 8. DATE OF BIRTH	9. AGE last birthday If und	3/ 198/
Lale White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIGOWED	Nov. 10.1870	807rs oyrs. Month	B Days Hours Min
done during most of working life, even if retired)	INDUSTRY CARDENTER	Virginia	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	001111001	14. MOTHER'S MAIDER	NAME	
John Armentrout		Hanna Zirl	le	
16. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates o	1 16. SOCIAL SECURITY No. 1 716-12-4753	Paul Arment	DDRESS out, Bethesda,	Marvland
Tel Vice	ts. MEDICAL CE		,	1
1. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	0			
Immediate cause (a)	Coronary or	chim	***************************************	Sidden
(20, / Antecedent cause(s)	1			denth
Diseases or conditions, if any, (b)	<u>V</u>		***************************************	
giving rise to the above cause stating the underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death	1.			
19a. DATE OF OPERATION 19b. MAJOR F				20. AUTOPSY?
				Yes 🗆 No 🛭
2t. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	DE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNT	Y) (STATE)
	R I			I) (SIAIL)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CCUR?	I) (OIAIL)
		HOW DID INJURY O	CUR?	I) (SIAIL)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work at work			
TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or	INJURY OCCURRED While at Not while work at work instance above, held an A Inquiry, find that said dece	utopsy [], Inspection ; ased died on the dry stat		
TIME (Month) (Day) (Year) (Hour) OF	INJURY OCCURRED While at Not while work at work instance above, held an A Inquiry, find that said dece	utopsy [], Inspection ; ased died on the dry stat		
TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes , accident	INJURY OCCURRED While at Not while work new ork new ork ins described above, held an A Inquiry, find that said dece , suicide new or title)	Autopsy , Inspection ased died on the day state undetermined . ADDRESS	ed above, and death in m	d from the evidence y opinion resulted DATE SIGNED
TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes 1, accident SIGNATURE 23. BURIAL, CREMATION 1 DATE THEREO	INJURY OCCURRED While at Not while work At work Instance, held an A Inquiry, find that said dece, suicide Annicide (Degree or title) INAME OF CEMETE	Autopsy , Inspection ased died on the day state undetermined ADDRESS Jacher L. RY OR CREMATORY	Inquiry thereon an ed above, and death in m	d from the evidence y opinion resulted DATE SIGNED 3.3/- \$-/ unty) (State)
TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I certify that I took charge of the remaind obtained by said Autopsy, Inspection or from: natural causes in accident SIGNATURE 23. BURIAL, CREMATION DATE THEREOREMOVAL (Specify) April 2.1	INJURY OCCURRED While at Not while work At work Instruction ins described above, held an A Inquiry, find that said dece, suicide And homicide (Degree or title) NAME OF CEMETE Cedar Hill	Autopsy , Inspection ased died on the day state undetermined ADDRESS Jacher L. RY OR CREMATORY	Inquiry thereon an ed above, and death in m	d from the evidence y opinion resulted DATE SIGNED 3.3/- \$-/ unty) (State)
TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes 1, accident SIGNATURE 23. BURIAL, CREMATION 1 DATE THEREO	INJURY OCCURRED While at Not while work At work Instance Above, held an A Inquiry, find that said dece, suicide Above, homicide (Degree or title) Instance Above, held an A Inquiry, find that said dece (Degree or title) Instance Above NAME OF CEMETE Cedar Hill SIGNATURE	utopsy , Inspection ased died on the dry state undetermined . ADDRESS White Company Company Company Company Company 124. FUNERAL DIRECTOR	Inquiry thereon an ed above, and death in m In p LOCATION (City, town, or co	d from the evidence y opinion resulted DATE SIGNED 3.3/-5/ unty) (State) Co. Md ADDRESS

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

770888

NAME OF DELOTE	2. USUAL RESIDENCE (HOME) OF DECEASED	
1. PLACE OF DEATH-	STATE COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside sorporate limits, write RURAL and giv	MTGOULERY
OR give nearest town) (in this place)	OR	s nearest town)
TOWN SHOWS SPIGNIS I MONTHS.	STREET (If rural, give location)	
HOSPITAL OR INSTITUTION OR TIPTEM REST HOME	STREET (If rural, give location) ADDRESS	
STREET ADDRESS SOND SPRING	HORNES LANE	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Spencer CLEARENCE	Bean DEATH March	3 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under Months	Days Hours Min.
MAKE WHITE (Specify) WIDOWED	Mar. 26, 1882 68 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY SCHOOL	MARYLAND	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
UOHN BAAN	LAUINIA SEZBV	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or/unknown) (If yes, give war or dates of		
No leervice) 5/8-40-0000	PTIFICATION	1
	W.11.10.110.1	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSUT AND DEATE
Immediate cause (a) Carcin oma	a colon	18 mirles
Immediate cause (a)	of	
153X Antecedent cause(s)		
Diseases or conditions, if any, (b)		***************************************
Hope giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE Office bidg., etc.)	,	(
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	MON DE MOUNT COOK	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from. They	1050 to March 1051 that I lost	am the deceased
22. I hereby certify that I attended the deceased from	, 19.2, to, 19.2, that I last s	aw the deceased
alive on March 2 , 19.5%, and that death occurred at	/:/ A m. from the causes and on the date at	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
of O Bridged M. D.	Land Spring MO.	3/8/51
700 - 1		-/
	IN OR CREMATORY LOCATION (City, town, or count	ty) (State)
REMOVAL (Specify) MAR. 5, 1951 Tonlst Qa	Rem. GAITHERSBURG	MD.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24/ FUNERAL DIRECTOR	ADDRESS
REG. 3 -3-51 Sentind Banda	equient - when I Tues I.	and
o of the thing of the contract	The state of the s	1111111

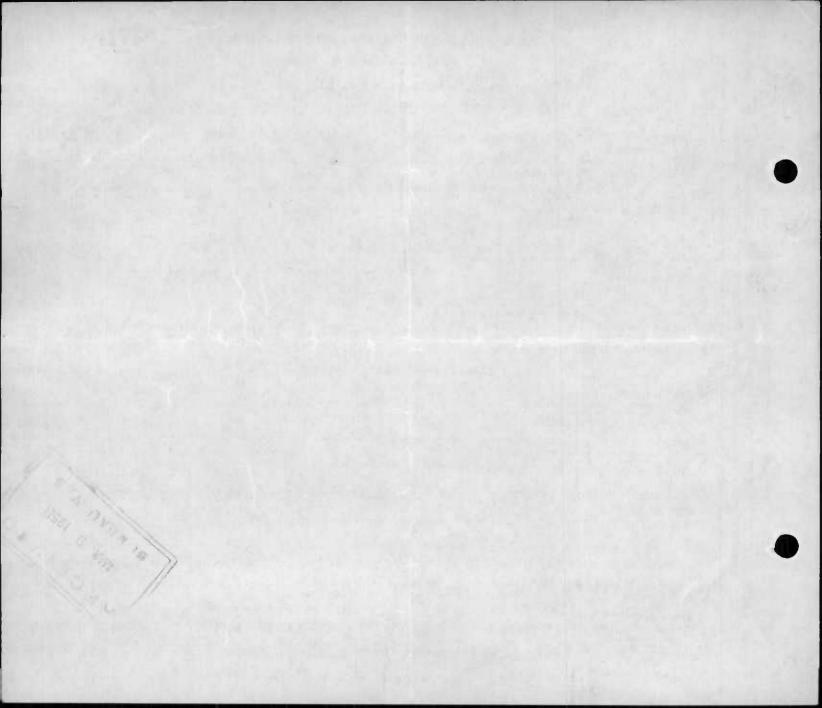
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

The

VS. A15

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

112711

1. PLACE OF DEATH- COUNTYONTGOMERY	MARYLAND	2. USUAL RESIDENCE (STATE MARYL)	AND COUNTY	MONTGOMERY	
CITY (If outside corporate limits, write RUOR give nearest town) OINEY	(in this place)		SPRING	e nearest town)	
HOSPITAL OR ILH MUNIG	MERY COUNTY	STREET ADDRESS	(If rural, give location)		
3. NAME OF DECEASED JOSEPHINE (Type or Print)	(Middle)	BELL BELL	4. DATE (Month) OF MARCH	(Day) (Year) 29 151	
FEMALE 6. COLORED	7. SINGLE, MARRIED, WIDOWEDM ATVERCED, (Specify)	2718/1901 ^H	9. AGE last birthday If under Months	Days Hours Min.	
done during most of property tile, even if retired	INDUSTRY HOME	MARYLAND (State		COUNTRY U.S. WHAT	
13. WITLIAM THOMAS		SUSAN			
15. WAS DECRASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes, give war or dat service)	701 16. SOCIAL SECURITY No.	HOSPITAL			
	18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH			ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTE	I LEAD TO DEATH			1	
Immediate cause (8).	Vanna			TWE	
Immediate cause (a)-		200	0-0	4	
4931 Antecedent cause(s)					
Diseases or conditions, if any, (b).	Diseases or conditions, If any, (b)				
13 a giving rise to the above cause stating the underlying cause last	Heyperten	and Cardo	voscular diseas	Mis	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no related to the disease or condition causing d	eath.				
19a. DATE OF OPERATION 19b. MAJO	R FINDINGS OF OPERATION			20. AUTOPSY!	
				Yes No	
SUICIDE	LACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY)	The second secon	
TIME (Month) (Day) (Year) (Hour OF	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?		
22. I hereby certify that I attended		19 10 to 3/2	9, 195./, that I last a	aw the deceased	
22. I nereby certify that I attended	the deceased from	· ·			
alive on 3/28, 1951, SIGNATURN	and that death occurred at (Degree or title)	1:508. The, from the	e causes and on the date st	DATE SIGNED	
Cofficial	Mb	Jandy John	un Mo,	5 29 51	
M BURIAL CREMATION DATE THE	57 Saudi	SPring	LOCATION (City, town, o coun	(State)	
DATE REC'D BY LOCAL REGISTRAL REG. 4-1-5-1	de B Lawley	Robert L. S	nowder Kon	Krille no	

APR 5 1951

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A PLEASE WR

MARYLAND STATE DEPARTMENT OF HEALTH

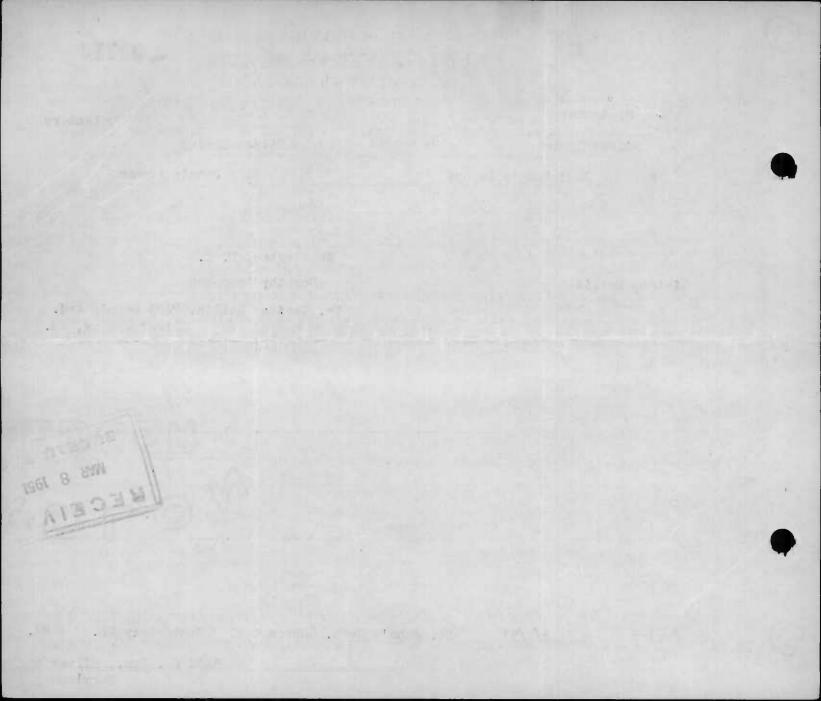
CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02712

Reg. Dist. No. 2 4

Maryland

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
COUNTY Montgomery MARYLAND	Montgo	omery
CITY (If outside corporate limits, write RURAL and OR give corporate town Spring (in this place)	CITY (If outside corporata limits, write RURAL and give r OR TOWN Silver Spring	nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 2403 Dennis Avenue	ADDRESS 2403 Dennis Avenue	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Jonewick / Wheel	Della, DEATH THEY	1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 y Months Dyrs.	ear If under 24 hrs ays Hours Mln.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. (CITIZEN OF WHAT
dona during most of working life, even if retired) INDUSTRY	Washington, D. C.	UNTRY?
I3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Gietano Bellia	Dorothy Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
mervice)	Mr. Gaetano Bellia, 2403 Dennis	
18. MEDICAL CE	RTIFICATION Silver Spring	Md. BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate course (1) agent Trace	hun Benefite.	> dans
Immediate cause (8)	Mar / Marie Wo	5.9-75
500 X Antecedent cause(s)		-
Diseases or conditions, if any, (b)		00 00 00 000000 0000 000000000000000000
glving rise to the above cause stating the underlying cause last		
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work at work		
22. I certify that I took chorge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	lutopsy , Inspection Inquiry thereon and from	om the evidence
from: natural causes X, accident , suicide , homicide	ased area on the any stated above, and acute in my of	nnion resuited
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart M. J.	Gaislanding my	3-1-57
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county)	
Burial (Specify) (/ 3/3/51 St. John's Ca	ath. Church Cem. Montgomery Co.	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3/6/51 Frances Toller	Clarger to Tumphry 8434 Ga. Ave. SI	lver Sprin



WRITE

PLEASE

Evidence for change in #88 shown on:

TIME (Month) (Day)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02713

FIMNO. G 1 J1 MAR 20 19 ERTIFICAT	TE OF DEATH Reg. Dist. No. 214
1. PLACE OF DEATH- COUNTY MONTG MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY MONTG.
OR give nearest town ILVER SPRING (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 9303 Saybrook Avenue	TOWN STREET ADDRESS 9303 SAYBROOK AVE.
3. NAME OF (First) (Middle) DECEASED (Type or Print) SAMUEL STOCKTON	BLACKMAN 4. DATE (Month) (Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIOOWED	5. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr Hours Min Months Days Hours Min Min
10m. USUAL OCCUPATION (Give kind of work done depignment of working tit, awan if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) Tenleytown , D.C. 12. CITIZEN OF WHAT COUNTRY?
Samuel S. Blackman	Mary Holt
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Anna M. Dickhaut
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Respiratory	yocardial degeneration (senile) y Curulatory Facture INTERVAL BETWEEN ONEST AND DEATE
Antecedent cause(s) aldage	

giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS //d/cystitis (3/20/51 akc) Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 PLACE (Home, farm, factory, street, office bidg., etc.) (CITY OR TOWN) (COUNTY) 21. ACCIDENT SUICIDE (Specify) (STATE) INJURY

INJURY OCCURRED

Not While While at INJURY 22. I hereby certify that I attended the deceased from mark, 1957, to mar/7 1957, that I last saw the deceased

, and that death occurred at & 20 A.m., from the causes and on the date stated above.

(Degree or title) ADDRESS May 12 10 DATE STO alive on Mar. 11 19 DATE SIGNED SIGNATURE

CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Rock Creek Cemtery Washington DC

REC'D BY LOCAL

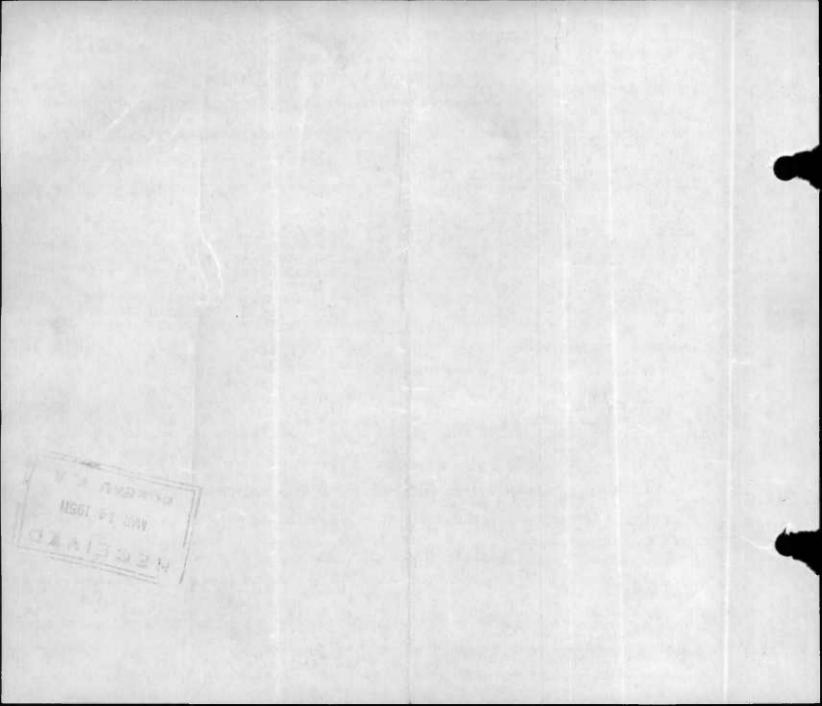
(Year) (Hour)

24. FUNERAL DIRECTOR

HOW DID INJURY OCCUR?

ADDRESS

No E



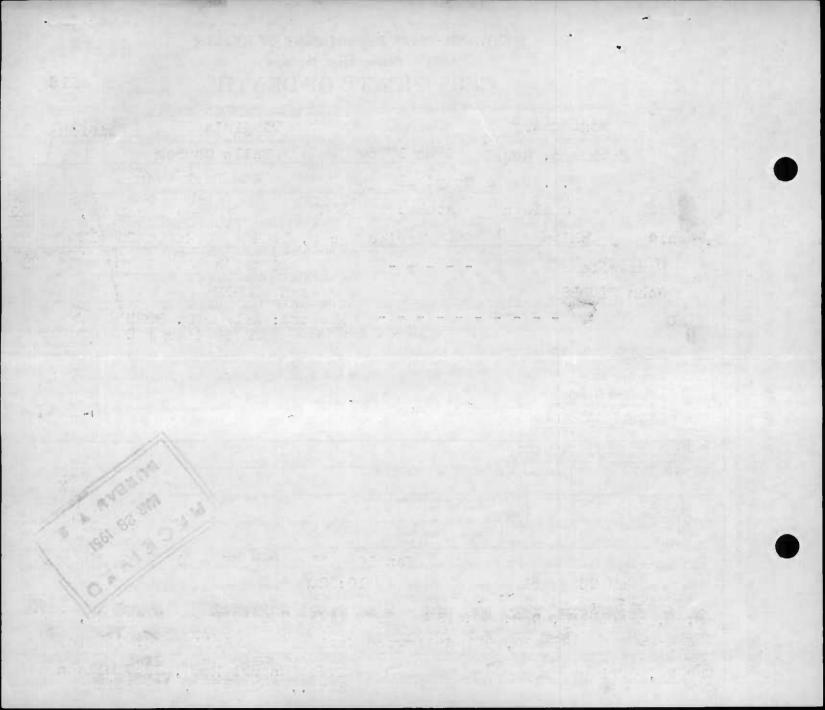
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (I		EASED. COUNT	rV	
	Montgomery orporate limits, write RUR	MARYLAND AL and LENGTH OF STAY	Virgi		ਸਾਕ	infax	
OR give nearest	thesda. Rur	_ (in this enlars) a	OR TOWN Fall	s Church		rive nearest tow	n)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	ss U.S. Nav	al Hospital	STREET ADDRESS 408	B Park A	ve location)		1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Colleen	Stubbs	BORN	OF DEATH I	March	26,	1951
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Dec 9, 1904	9. AGE last birth	day If unde	1 year If und	er 24 hrs Min.
done during most of w	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Californ			12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN				
	STUBBS		Ann KUNI				
	VER IN U.S. ARMED FORCES (If yes, give war or dates		17. INFORMANT AND		20037		
NO	service)		Husband: Art				
		18. MEDICAL CE	RTIFICATION Same	as item	# 2	INTERVAL B	THE PERSON
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	
5810 Immediate	e cause (a)	Cerebral Var	enley Accide	<u>ــــــــــــــــــــــــــــــــــــ</u>	••• · · · · · · · · · · · · · · · · · ·	12 4	24
Anteceder Diseases or giving rise to	nt cause(s) conditions, if any, the above cause anderlying cause last	Partae lui	thoris	ententation and the state of th	**************************************	1-24	3 :
	(c)						
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing dea	th.					
		FINDINGS OF OPERATION				Yes Y	PSY1
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR 7	rown)	(COUNTY		
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT			
		e deceased from Jan 10 ad that death occurred at 1					
(YILLY	ULDING, CDR.		. NAVAL HOSPIT			26, 19	
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE		RY OR CREMATORY I	Arlingt	on, Vi	rginia (S	itate)
DATE REC'D BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO		2847 V	ADDRES	S
mar 201 To		The state of the s		ngton, V			4
					-	- 6	140



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

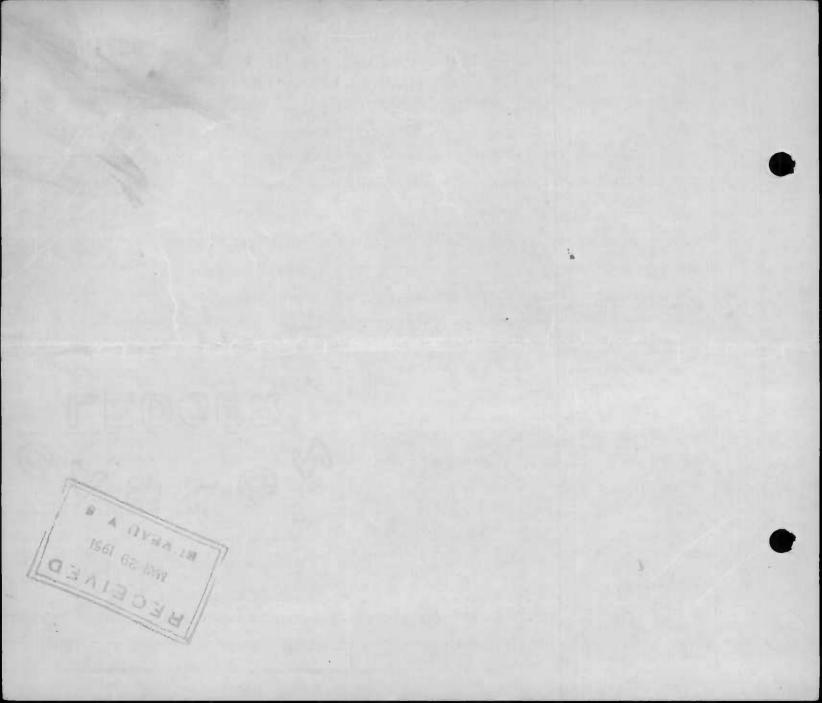
02715

Reg. Dist. No.

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MONtgonery MARYLAND	STATE Maryland County	iteorery
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) Rockville (in this place)	Town Norbeck RFD #3 kocky:	ille
ITOGDYTTA I OT	STREET (If rural, give location)	
INSTITUTION OR RFD #3	ADDRESS	
		75
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Welliam / homes 130	roman DEATH Man.	20 195)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVDLED. (Specify) 141 f 160.	8. DATE OF BIRTH 9. AGE last birthday If under	l year Hours Min
Male White Specify harried	yra. 1 ——]	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY & P Tea	Co Marvland '	COUNTRYTUSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William E. Bowman	Frances Shorts	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 577-26-0265	The second secon	Rockville
		TOCK VIII.E
18. MEDICAL CE	RIPICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
		4 14
Immediate cause (a) Cremuny or	Museum	Maden
Antecedent cause(s)		diath
Diseases or conditions, if any, (b)		
940 giving rise to the above cause stating the underlying cause last		
mating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death.		1 all A Timo Davis
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🕟
21. EXTERNAL CAUSE WAS PRIMARY ON CONTRIBUTING OF Office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
CAUSE OF DEATH. INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
OF While at Not while		
22. I certify that I took charge of the remains described above, held an A	Autopsy , Inspection R. Inquiry ithereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry stated above, and death in my	opinion resulted
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
SIG.VATORE	A · A	DATE SIGNED
The AD Brown to & M. J	Youtheast med	3.20.51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY VOCATION (City, town, or count	
REMOVAL (Specify) 3/22/51 Mt. Carme		Parvland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. O = 21 (2)	24. FUNERAL DIRECTOR	V VDDKE99
	Robert A. Pumpbrey - Bet!	nesda. Md.

VS. A15A



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT						
	H·		2. USUAL RESIDENCE (HOME		NTY	
1	Montgomery	MARYLAND	Maryland	Montg	omerv	
OR givo nearest	orporate limits, write RUR	AL and LENGTH OF STAY	OR Description	te, write RURAL and	d give nearest town)
TOWN	lnev	19 hours	TOWN RUPAL -	Danascus		
HOSPITAL OR	P		STREET	(If rural, give location	n)	
STREET ADDRE	ss Montgomery	County Gen. Ho	bp. R.F.D.	Mt. Air	У	
3. NAME OF	(First)	(Middle)		ATE (Month)	(Day)	(Year)
(Type or Print)	Bessie	Mae Bra		EATH March	30	195]
5. SEX	6. COLOR OR RACE	17. SINGLE, MARRIED.		E last birtbday If un	der I year If unde	
Female	White	WIDOWED DIVORCED. (Specify)Married	Sept.14,1891	59 ym. Mon	the Days Hours	Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreig		12. CITIZEN OF	WHAT
done during most of v	vorking life; even if retired)	INDUSTRY DOME	Damascus, Md.		USATEY?	
13. FATHER'S NAM		OWIT HOME	14. MOTHER'S MAIDEN NAM	E	ODA	
Nathan	Burdette		Ann Lewis			
		17 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDI	PRSS		
(Yes, no, or unknown)	(If yes, give war or dates	none	Mrs Albert Mole		oggoing M	6
110	(Bervice)	18. MEDICAL CE		swor til Dal	lascus, M	u.
		18. MEDICAL CE	RIFICATION	1.1	INTERVAL BE	TWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY			nger	ONSIGT AND	DEATH
	nt cause(s)		Jemershage		36	L
giving rise t	conditions, if any, (b)					
73d stating the t	underlying cause last	blugger to a since	Cardio-varia	1. dies	- 10	
THE CONTRACTOR OF COLUMN	(c)	Thermore	Caraco	nou prints	a la yes	
Conditions contributed to the dises	ICANT CONDITIONS utling to the death but not ase or condition causing deat					ns.
19a. DATE OF OPE	RATION 19b. MAJOR					ns.
		FINDINGS OF OPERATION			20. AUTOP:	SY1
						SY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN	(COUN	Yes 🗆	No-
SUICIDE HOMICIDE TIME (Month)	OF	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED	(CITY OR TOWN) HOW DID INJURY OCCUR?	(COUN	Yes 🗆	No-
SUICIDE HOMICIDE TIME (Month)	(Day) (Year) (Hour)	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While		(COUN	Yes 🗆	No-
SUICIDE HOMICIDE TIME (Month)	OF INJ	FINDINGS OF OPERATION CE (Home, farm, factory, atreet, office bldg., etc.) URY INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?		Yes C	No C
SUICIDE HOMICIDE TIME (Month) OF INJURY	(Day) (Year) (Hour)	FINDINGS OF OPERATION CE (Home, farm, factory, atreet, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?		Yes C	No C
SUICIDE HOMICIDE TIME (Month) OF INJURY	(Day) (Year) (Hour) m. tify that I attended th	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	19. \$1 , that I la	Yes (STATE	No C
SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on	(Day) (Year) (Hour) m. tify that I attended th	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased fro	HOW DID INJURY OCCUR? 8, 19 51, to Merch 30, 9, 45 A.m., from the cause	19. \$1 , that I la	Yes (STATE st saw the dece	No D
SUICIDE HOMICIDE TIME (Month) OF INJURY	(Day) (Year) (Hour) m. tify that I attended th	FINDINGS OF OPERATION CE (Home, farm, factory, atreet, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	19. \$1 , that I la	Yes (STATE	No D
SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on	(Day) (Year) (Hour) m. tify that I attended th	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased fro	HOW DID INJURY OCCUR? 8, 19 51, to Merch 30, 9, 45 A.m., from the cause	19. \$1 , that I la	Yes (STATE st saw the dece	No D
SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on the SIGNATURE	(Day) (Year) (Hour) m. lify that I attended the last 30 10 \$1, ar	CE (Home, farm, factory, atreet, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work can be deceased from the control of	How DID INJURY OCCUR? 19.51, to March 30 A.m., from the cause Address Camaran	19.5.1, that I last and on the date	St saw the dece	ased
SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on Management of the support of	OF INJUCTION DATE THERE	CE (Home, farm, factory, atreet, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from the deceased from the deceased at the death occurred at (Degree or title) NAME OF CEMETE	HOW DID INJURY OCCUR? 19.51, to Merch 30, 15. A.m., from the cause Address Cause Company RY OR CREMATORY LOCAT	19.5.1, that I last and on the date of the last and last	St saw the dece e stated above. DATE SG County) (So	ased NED
SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on Management of the control of the cert SIGNATURE 23. BURIAL CREM REMOVAL (Specific property) BURIAL (Specific property)	(Day) (Year) (Hour) m. lify that I attended the second s	CE (Home, farm, factory, atreet, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from the course of the course of title) OF NAME OF CEMETE Damas	How did injury occur? 19.51, to hear 30, 25. A.m., from the cause Address RY OR CREMATORY LOCAT BOLLS Dam	19.5.1, that I last and on the date	st saw the dece e stated above. DATE SCOUNTY) (SMARYLAR	ased NED
SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on SIGNATURE 23. BURIAL CREM REMOVAL (Spec	(Day) (Year) (Hour) m. lify that I attended the second s	CE (Home, farm, factory, atreet, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from the course of the course of title) OF NAME OF CEMETE Damas	How DID INJURY OCCUR? 19.51, to work 30 2.5. A.m., from the cause ADDRESS Cause 1 RY OR CREMATORY 16CAT CLUS Dam 24. FUNERAL DIRECTOR	19.5.1, that I last and on the date of the last and last	st saw the dece e stated above. DATE SC Address Marylar Address	ased NED



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH-		2. USUAL RESIDENCE (UNTV	
IVI	ontgomery	MARYLAND	Maryı	and Mon	rgomery
OR give nearest fown) TOWN Bethesda, Rural Sin this place da			er Spring	and give nearest town)	
HOSPITAL OR INSTITUTION OF STREET ADDRES	TT S. Nav	al Hospital	STREET	O Bruce Dri	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month) (Day) (Year)
(Type or Print)	David	Suggett	BROWN	OF DEATH March	n 31, 1951
Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	bec 7. 1912	9. AGE last birthday III	under i year hths 25 Hours Min.
10a. HSUAL OCCUPA	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of Missis	or foreign country)	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAM		0000 2100	14. MOTHER'S MAIDEN		
	S. BROWN		Moss HA		
15. WAS DECRASED EX	ER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	M
YES	(If yes, give war 15 dates (service)			Ellen BROW	N
		18. MEDICAL CE	RTIFICATION Samo	as item # 2	INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
V	(4)	CARCINOMA C	OF ESOPHA EU	2	
Immediate	cause (a)				***************************************
50X Anteceden		WITH H	TETAS TASES		
	onditions, if any, (b)		(= 1/3 JA 36)		
4600 stating the u	nderlying cause last				
	(c)				
II. OTHER SIGNIFIC Conditions contributed to the disease	CANT CONDITIONS ting to the death but not se or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No 16
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COU	NTY) (STATE)
SUICIDE HOMICIDE	OF INJU	office bldg., etc.) JRY	* * * * * * * * * * * * * * * * * * *		
TIME (Month)		INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work At work	<u> </u>		
		e deceased from Oct 4			
alive on Ma	r 31 1951, an	d that death occurred at 2	:53 A m., from the	causes and on the da	te stated above.
SIGNATURE (Paul Frankin	(Degree or titie)	ADDRESS		DATE SIGNED
Paul TRAU	TMAN, LTJG,	MCR, USNR U.S	. NAVAL HOSPI	TAL March	1 31, 1951
23. BURIAL, CREM. REMOVAL (Speci Removal	Mar 31,			Jackson, Mi	
DATE REC'D BY I	OCAL REGISTRAR'S		24. FUNERAL DIRECTO	RA ()	ADDRESS
DEG	51 Elail	Whittington	Wastler Wh	peral Home,	301 East
			Capitol St	reet, Washin	guon, D.C.

VS. A15



Part TREUTHAN DEATH NOW A RESERVE OF THE STREET STREET

The correct age

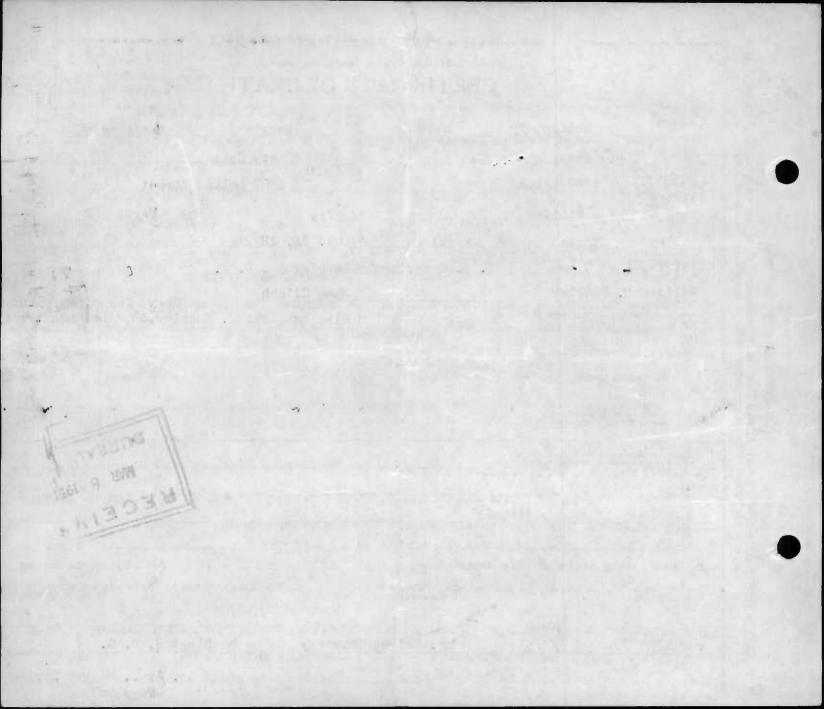
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02718

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
montgomery MARYLAND	Maryland Montgomery
CITY (If putside corporate limits, write RURAL and OR give nearest town) (in this place) TOWN Chevy Chase	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR	STREET (If rural, give location) ADDRESS
STREET ADDRESS 4807 Leland Street	4807 Leland Street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) William	uckley DEATH March 2 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify Widowed)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
Male White (SpecifyWidowed	Oct. 14. 18721 78 yrs(1)
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Chief Fay Roll Clerk U. S. Government	Washington, D. C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William D. Buckley 15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.	Anne Clinch 17. INFORMANT AND ADDRESS Chevy Chase, Maryland
(Yes, no, or unknown) (If yes, give war or dates of	Miss Margaret J. Buckley, 4807 Leland Street
no service) none	
18. MEDICAL CER	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a)	V hmlus /2 lv
450, / Antecedent cause(s)	- thank Block 10 mg
O 4 a Diseases or conditions, if any, (b)	o 4 New Josph
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby cartify that I attended the deceased from	
alive on Man 2, 19 5/, and that death occurred at	
SIGNATURE (Degree or title)	FO 16 Herrite 21 3/2/54
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER BURIAL (Specify) 3/3/51 Mt. Olivet C	
DATE REC'D' BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL-DIRECTOR ADDRESS
PEG 7/4 / 7 / 7/	Varuello Lunghrey 8134 Ga. Ave. Silver Spring
	V30 2// Maryland



The correct age

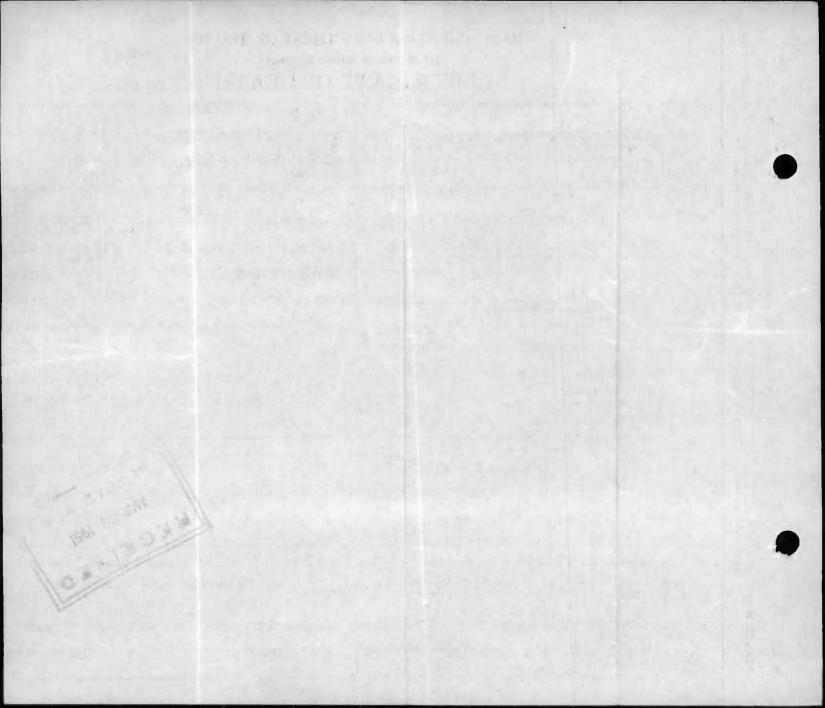
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02719

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	-4-
COUNTY Montgomery MARYLAND	STATE Man Deen Q COUNTY	route
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	re nearest town)
TOWN (in this place)	TOWN Dislesson BED	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Walls Mason	BUTTO OF DEATH MOL-	23 1051
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 9. AGE last hirthday If under	10
WIDOWED DIVORCED, (Specify)	May 3-1872 7 8 vrs. Months	Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Mariland -	COUNTRY
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	4. 3.
(of an m. B. The	Francis dhate	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	12 INFORMANT AND ADDRESS	
(Yes, no, or unknown) (Il yes, give war or dates of service)	17- 13.00. 12.6	
18. MEDICAL CE	ERTIFICATION	LA A
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Wennia		Idage
11117	**************************************	
Antecedent cause(s)	Te Cardro vacalar renal disine	7 Messo
Diseases or conditions, if any, (b)	700011 1701 0240 1111 0111 11 01 011 11 11 11 11 11 11	7
stating the underlying cause last		
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	aure when sacral ares	38 dans
related to the disease or condition causing death.	une want backer arek	100 augs.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 30 Apr	(1) 1050 to 23 March 10.51 124 724	
	- 10	aw the deceased
alive on 23 march, 1957, and that death occurred at	M.m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Though he South has D	Dannesville had 24	march 51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or count	(94-1-)
REMOVAL (Specify) 3/5/4/5/	Be Of the State of	(State)
DATE REC'D BY LOCAL ENGINEERS SIGNATURE	24. FUNEHAL DIRECTOR	ADDRESS
7286G. 946 A51	111,00 : 13 11 00-	1
Middillo I Standy Sylven	I Wallow D. Indian	100105
	1300-	10



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Y day
CITY (If outside corporate limits, write RURAL and LENGTI OF STAY	CITY (If outside corporate limits, write RURAL and give	Monly
CITY (If outside corporate limits, write RURAL and CHORTH OF STAY OR give name town) TOWN (In this place)	TOWN Character will the RORAL and give	ve nearest town
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Conaudu Laur	ADDRESS Jonandes Law	2
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) (Illiam ohn all	Zahan DEATH MUZ	24 1957
6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED,	DATE OF BIRTH 9. AGE last birthday II under Months	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT
done during most of warking life, even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MALVEN NAME	1,4
John O. Callashan	Hanora Dunstan	
15. Was Deceased Even in U.S. Armed Forces? 16. Social Security No. (Yes, no or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
(Bervice)	Michael F. Callagha	~
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	celusion	Sudden
Antecedent cause(a)	100110110110110110110110110110110110110	death
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
(1) Arleni - sel	luvis	2 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
		Yes No X
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Nnt while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A	utopsy Inspection & Inquiry thereon and	from the evidence
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deced	ased died on the day stated above, and death in my	opinion resulted
from: notural causes x, accident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
4 1 13 1 4 10 1	4 -1	
23. BURIAL, CREMATION DATE THEREOF NAME OF ACEMETE	RY OR CREMATORY LOCATION (City, town, or coun)	3. 77.77
REMOVAL (Specifo)	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	MUNERAL DIRECTOR 1 3821-147	ADDRESS
REG. 3-24-51 Helen Kurvaep	Trancis Collins wash	. He
2	V reges	1.0
	0/30	08



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No ... I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY · Montgomeny MARYLAND 1-91414 LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and (in this place) OR give nearest town) Anlington TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS 705 STREET ADDRESS 3. NAME OF (Last) 4. DATE (Month) (Day) (Year) OF DECEASED 3 May (Type or Print) DEATH 7. SINGLE, WARRIED, WIDOWED, DIVORCED. 9. AGE last birthday | If under 1 year | If under 24 hrs. 6. COLOR OR RACE 8. DATE OF BIRTH Months. | Days | Hours | Min. 3/4/86 65 BIRTHPLACE (State or foreign country) (Specify) Manyied -10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 001. Indiana County
14. MOTHER'S MAIDEN NAME angu 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of service) 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Twee No [21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (Specify) SUICIDE office bldg., etc.) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Not While While at INJURY Work At work 22. I hereby certify that I attended the deceased from 3/18, 1957, to 3/3/2, 19.5%, that I last saw the deceased /_____, 19.5./_, and that death occurred at 1035 a.m., from the causes and on the date stated above. alive on 3/3 SIGNATURE (Degree or title) ADDRESS DATE SIGNED collie 23 BURIAL) CREMATION REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY DATE LOCATION (City, town, or county) REGISTRAR'S PIGNATURE DATE REC'D BY LOCAL ADDRESS

y every item of information carefully the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING Supply write t INK. UNFADING t. Physicians:

important.

PLAINLY, is especially i

WRITE

PLEASE

WITH

COLLEGE

The



MARYLAND STATE DEPARTMENT OF HEALTH

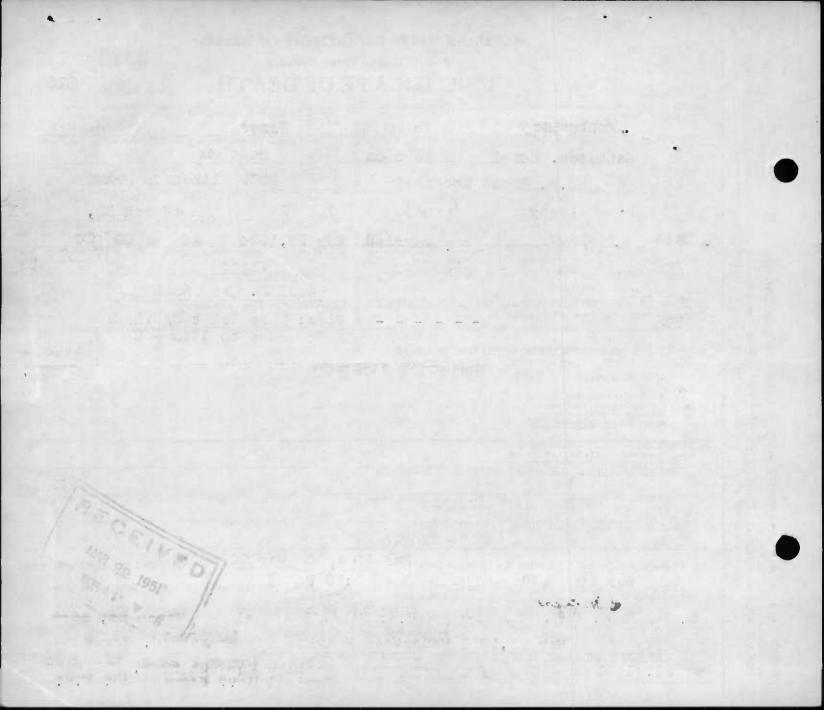
2411 N. Charles Street, Baltimore

02722

673916

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY . Montgomery	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COU	NTY
CITY (If outside corporate limits, write R OR give nearest town) TOWN Bothesda Rui	URAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL an OR HOUSTON	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NO		STREET (If rural, give location ADDRESS 9009 Elizabeth Dr	
3. NAME OF (First)	(Mlddle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Leroy	(none)	CARTER DEATH March	20, 1951
Male 6. COLOR OR RACE	WIDOWED, DIVORCED, (Specify) Married		der I year If under 24 hre ths Bays Hours Min.
10a. USUAL OCCUPATION (Give kind of we done during most of working life, even if retire Enlisted Man	ork 10h, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) TOXAS	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAME	
Arthur CARTER		Hazel L. SANDERSON	
15. WAS DECRASED EVER IN U.S. ABMED FOR (Yes, no. or unknown) (If yes, give war or da service)	ICES? 16. SOCIAL SECURITY NO.	Wife: Mary Belle CARTER	
		RTIFICATION Same as Item # 2	
I. DISEASES OR CONDITIONS DIRECT	LY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	HODGKIN'S LYM	PHOMA	7 mos.
Immediate cause (a)	HODGILLA & BIL	11 11 VIIII	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last			
(e)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but ac related to the disease or condition causing of	ot		
19a. DATE OF OPERATION 19b. MAJO	R FINDINGS OF OPERATION		20. AUTOPSY!
SUICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) NJURY	(CITY OR TOWN) (COUN	
TIME (Month) (Day) (Year) (Hour OF INJURY	r) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended	the deceased from Dec 1	5, 19 50, to Mar 20, 1951, that I las	st saw the deceased
alive on Mar 20 19 51 SIGNATURE 20 X Eyes	and that death occurred at	7:18 P.m., from the causes and on the date	e stated above. DATE SIGNED
S. W. EYER, CDR, MC	, USN U.S. N	AVAL HOSPITAL March 2	
23. BURIAL, CREMATION DATE THE REMOVAL (Specify) Mar 2:	REOF NAME OF CEMETE Hempstead	ry or crematory Location (City, town, or cheights Hempstead, Te	county) (State)
	R'S SIGNATURE	Wastler Eugeral Home,	301 East
	- 0	Capitol St., Washington	1, D.U.



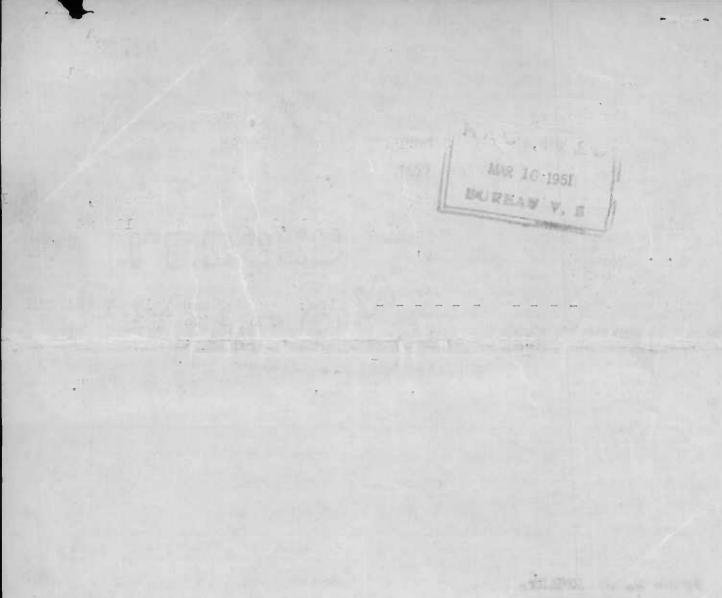
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02723

THE PLACE OF DEATH COUNTY MORTEGOMETY MORT			
CITY (II outside corporate limits, write RURAL and JENSTIA OF STAY ONE STAY OF	COUNTY	COTIVINAL COTIVINAL	
HOSPITAL OR INSTITUTION OR INSTITUTI	Montgomery Maryland	Nentucky Bourb	on
HOSPITAL OR STREET ADDRESS U. S. NAVAL HOSPITAL STREET ADDRESS (First) NAME OF DECKASED OT POOR OF RACE NAME OF DECKASED OT POOR OF DECKASE	OR give nearest town Bethesda, Rural 5 (in this place)	TOWN Paris	e nearest town)
DECAME DEPARTMENT OF PINTS OF PINTS OF PERTIND SAME STATE OF BIRTH	HOSPITAL OR INSTITUTION OR	ADDRESS	V
Type of Print) S. SEX COLOR OR RACE Male White White Whowed by Divorces Mar 15,1895 S. DEATH Marchay Ituades types Ituader 24 by Mar 15,1895 S. SEX Mar 15,1895 S. DEATH Marchay Ituades types Ituader 24 by Mar 15,1895 S. DEATH MARCHAY Identify Marriad Mar 15,1895 S. DEATH MARCHAY Identify Marriad Mar 15,1895 S. DEATH MARCHAY Identify Marriad Identify Ma	DECEACED	OF	
16. KIND OF DUSINESS OR USE OF COUNTRY US COUNTRY OF COUNTRY US CO	(Type or Print) Virgil Munday	CHAPMAN DEATH March 8	
16. KIND OF DUSINESS OR USE OF COUNTRY US COUNTRY OF COUNTRY US CO	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MAPTIO	Mar 15,1895 55 yrs. 11 ths	Year If under 24 bre Hours Min.
James Virgil CHAPMAN 16. WAS DECEASED EVEN IN U.S. AMEED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS ("YES") ("	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	Kentucky	
16. Was Decreased Event in U.S. Armed Forcial 16. Social Security No. Wife: Mary Addams Talbott CHAPMAN 18. MEDICAL CERTIFICATION SAME AS ITEM 2 18. MEDICAL CERTIFICATION SAME AS ITEM 2 18. MEDICAL CERTIFICATION SAME AS ITEM 3 18. MEDICAL CERTIFICATION SAME AS ITEM 3 18. MEDICAL CERTIFICATION SAME AS ITEM 4 18. MEDICAL CERTIFICATION SAME AS ITEM 5 18. MEDICAL CERTIFICATION SAME SAME AS ITEM 5 18. MEDICAL CERTIFICATION SAME SAME SAME AS ITEM 5 18. MEDICAL CERTIFICATION SAME SAME SAME SAME SAME SAME SAME SAME			
Company Country Coun			
Inmediate cause (a) ACUTE CARDIO-RESPIRATORY FAILURE. Antecedent cause(s) Disease or conditions. If any, (b) INJURIES, MULTIPLE, EXTREME "AUTO ACCIDENT" (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (a) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (b) INJURY (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease of condition causing death. (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease of condition causing death. (c) III. OTHER SIGNIFICANT CONDITIONS (COUNTY) (STATE) (CITY OR TOWN) (COUNTY) (STATE) (COUNTY) (STATE) (CITY OR TOWN) (COUNTY) (STATE) (COUNTY) (STATE) (CITY OR TOWN) (COUNTY) (STATE) (COUNTY) (STATE) (CITY OR TOWN) (COUNTY) (STATE) (COUNTY) (STATE) (CITY OR TOWN) (COUNTY) (STATE) (COUNTY) (STATE) (CITY OR TOWN) (COUNTY) (STATE) (COUNTY) (STATE) (CITY OR TOWN) (COUNTY) (STATE) (CITY OR TOWN) (COUNTY) (STATE) (COUNTY) (STATE) (CITY OR TOWN) ((Yes. Tow or unknown) (If yes give war or dates of service)	Wife: Mary Addams Talbott	CHAPMAN
Inmediate cause (a) ACUTE CARDIO-RESPIRATORY FAILURE. Antecedent cause(s) Disease or conditions, if any, (b) INJURIES, MULTIPLE, EXTREME "AUTO ACCIDENT" (b) INJURIES, MULTIPLE, EXTREME "AUTO ACCIDENT" (c) (c) (d) INJURIES, MULTIPLE, EXTREME "AUTO ACCIDENT" (e) (e) (e) (f) (i) OTHER SIGNIFICANT CUNDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (e) (ii) OTHER SIGNIFICANT CUNDITIONS (iv) (country) IPLACE (Home, farm, factory, street, country) (COUNTY) (STATE) (iii) OF CAUSE WAS PRIMARY OR CONTRIBUTION (INJURY OCCURRED OF DEATH. (iii) OF CAUSE OF DEATH. (iii) OF COUNTRIBUTION (INJURY OCCURRED OF CAUSE OF DEATH. (iii) OF CAUSE OF DEATH. (iii) OF COUNTRIBUTION (INJURY OCCURRED OF CAUSE OF DEATH. (iii) OF CAUSE OF DEATH. (iii) OF COUNTRIBUTION (INJURY OCCURRED OF CAUSE OF DEATH. (iii) OF CAUSE OF DEATH. (iii) OF COUNTRIBUTION (INJURY OCCURRED OF CAUSE OF DEATH. (iii) OF CAUSE OF DEATH. (iii) OF COUNTRIBUTION (INJURY OCCURRED OF CAUSE OF CAU	18. MEDICAL CE	RTIFICATION Same as item # 2	THERWAL RETWEEN
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause estating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 20. AUTOPSY! Yes No PRIMARY OR CONTRIBUTING PRIMARY OR COUNTRIBUTING PRIMARY OR COUNTRIBUTING PRIMARY OR CONTRIBUTING PRIMARY OR COUNTRIBUTING PRIMARY OR COUNTRIBUTION OR COUNTRIBUTING PRIMARY OR COUNTRIBUTION OR COUNTRIBUTING PRIMARY OR COUNTRIBUTION OR COUNTRIB	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CUNDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21. EXTERNAL CAUSE WAS PILACE (Home, farm, factory, street, of the contributing to the death of the disease or condition causing death. 21. EXTERNAL CAUSE WAS PILACE (Home, farm, factory, street, of the contributing to the death of the cause of the remains described above, held an Autopsy X, Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and deoth in my opinion resulted from: natural causes of the remains described above, held an Autopsy X, Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and deoth in my opinion resulted from: natural causes of the contribution of the day stated above, and deoth in my opinion resulted from: natural causes of the contribution of the day stated above, and deoth in my opinion resulted in the day stated above, and deoth in my opinion resulted from: natural causes of the day stated above, and deoth in my opinion resulted from: natural causes of the day stated above, and deoth in my opinion resulted from: natural causes of the day stated above, and deoth in my opinion resulted from: natural causes of the day stated above, and deoth in my opinion resulted from: natural causes of the day stated above, and deoth in my opinion resulted from: natural causes of the day stated above, and deoth in my opinion resulted from: natural causes of the day stated above, and deoth in my opinion resulted from: natural causes of the day stated above, and deoth in my opinion resulted from: natural causes of the day stated above, and deoth in my opinion resulte	Sas Immediate cause (a) ACUTE CARDIO-RE	ESPIRATORY FAILURE.	7 hor
Diseases or conditions, if any, (b) TROUNTES, MULTIPHES EXTREME AUTO SOLDER 1 II. OTHER SIGNIFICANT CUNDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes & No 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF Office high etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF INJURY 100 k charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and deoth in my opinion resulted from: natural causes occident suicide homicide undetermined SIGNATURE ADDRESS DATE SIGNATURE 22. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Removal Mar 8,1951 Cause Signature S	Autoridant conce(e)	TOTAL DEPOSITE NATIONAL ACCIDENT	12
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 12. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, off office bldgs, etc.) (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING OF office bldgs, etc.) (CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not while work Not while work Not while at work Not while work Not while work Not while work Not while at work Not while work	Diseases or conditions, if any, (b) INJUNIES MULLI	LTIE, EXIREME AUTO ROOTDENT	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OFFICE Home, farm, factory, street, office blow etc. CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Work A twork 22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and deoth in my opinion resulted from: natural causes I, occident R, suicide I, homicide I, undetermined I. SIGNATURE Prank J. BROSCMART, M.D. Gaithersburg, Maryland March 8, 1951 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Mar 8,1951 DATE REC'D BY LOCAL REGISTRADE SIGNATURE Mare 8, 1951 Location (City, town, or county) JOS. Gawler's Sons, 1756 Penn. AVOITION, NW, Washington, D.C.	Conditions contributing to the death but not		
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bids, etc.) OF office bids, etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work at			20. AUTOPSY?
PRIMARY OR CONTRIBUTING INJURY OF office blow etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work Not while INJURY OF INJURY OCCURRED Work INJURY OCCURRED Work INJURY OCCURRED Work INJURY OCCURRED Work INJURY OCCURRED While at work INJURY OCCURRED Work INJURY OCCURRED While at work INJURY OCCURRED While at work INJURY OCCURRED While at work INJURY OCCURRED Work INJURY OCCURRED While at work INJURY OCCURRED WHILE OCCURRE			Yes 🕱 No 🗆
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF INJURY 1	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PLACE (Home, farm, factory, street, OF office blown etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said decaased died on the day stated above, and death in my opinion resulted from: natural causes , occident X, suicide , homicide , undetermined . SIGNATURE ADDRESS DATE SIGNED Frank J. BROSCHART, M.D. Gaithersburg, Maryland March 8, 1951 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Mar 8, 1951 DATE REC'D BY LOCAL REGISTRADE SIGNATURE Mare S. 1951 JOS. Gawler's Sons, 1756 Penn. AVOITION, Washington, D.C.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED		***
22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , occident X, suicide , homicide , undetermined . SIGNATURE , occident X, suicide , homicide , undetermined . Degree or title) ADDRESS DATE SIGNED Paris, Kentucky DATE RECO BY LOCAL REGISTRATE SIGNATURE DATE RECO BY LOCAL REGISTRATE SIGNATURE Mare S, 1951 DATE SIGNED VALUE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Paris, Kentucky DATE RECO BY LOCAL REGISTRATE SIGNATURE JOS. Gawler's Sons, 1756 Penn. AVOITUD, NW, Washington, D.C.	OF INJURY Max 8-51-3:20 Am. White at work 2	ante archolunt	
Frank J. BROSCMART, M.D. Gaithersburg, Maryland March 8, 1951 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Removal Paris, Kentucky Paris, Kentucky DATE REC'D BY LOCAL REGISTRADE SIGNATURE 24. FUNERAL DIRECTOR ADDRESS March 8, 1951 June March 8, 1951 Avenue, Www. Washington, D.C.	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , occident , suicide , homicide , SIGNATURE , Degree or title)	ased died on the dry stated above, and death in my undetermined	DATE SIGNED
Removal (Specify) Removal (Specify) Mar 8,1951 Paris, Kentucky Date Record by Local Registrate Signature Mar 8,1951 Paris, Kentucky Jos. Gawler's Sons, 1756 Penn. Avenue, NW, Washington, D.C.	Frank J. BROSCMART, M.D. Gait.	hersburg, Maryland March	8, 1951
Mare Rec'd by Local Registrate Signature Mare 8, 1951 Jos. Gawler's Sons, 1756 Penn. Avenue, NW, Washington, D.C.	Removal (Specify) Mar 8,1951	Paris, Kentucky	
Avonuo, MW, Washington, D.C.	DATE REC'D BY LOCAL REGISTRAB'S SIGNATURE		
	Mar 8, 1951 That whittenglow	Jos. Gawler's Sons, 1756 I	enn.
			35,



The correct ags

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02724

1. PLACE OF DEATH- COUNTY IV	2. USUAL RESIDENCE (HOME) OF DECEASED.	
CITY (If outside corporate limits prite HURAL and LENGTH OF STAV	Just, of col,	
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR CHESCA 45 min.	STREET (If rursk give location)	11.00
INSTITUTION OR SUBUrban HOSP.	ADDRESS Washington, D.	C. V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) F13abein Williams	Unase DEATH March	11, 1951
Female White Widowed, Divorced (Specify) MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under I	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyon if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	43
William W. Williams	Elizabeth Jen	kins
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	+
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 0	INTERVAL BETWEEN ONEET AND DEATH
A	1.0 / 1) 7	O DEATH
Immediate cause (a) Will Mys-Ca	dal failure with	Thous.
Antecedent cause(s)	1 pulmoney edenia	1 A.
Diseases or conditions, if any, (b)	as send discarle	Metran
131 a stating the underlying cause last (c) Rt. renal Callus	li with roulenctioning it Kidney	undrawn
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	cholethethiasis /	
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
IN DATE OF OTERATION		1/
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office hidg., etc.) HOMICIDE INJURY	(OLIT ON TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 3.	, 1951, to 3://, 195/, that I last sa	w the deceased
alive op 3: 1/ 195/, and that death occurred at 4	A.m., from the causes and on the date sta	ted shove
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
Stewart blake mip :	3921 Ingomes St. h. W. Wedle C	3.11.51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	3. FUNERAL DIRECTOR	ADDRESS
REG. 3-11-51 delin kunsch	Deal Flenan Tones. 4812-	La Cere Ile
	Will state of the	0 0
	- Mach	. of . C.

15-195N REAW Y. S

02725

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

	2. USUAL RESIDENCE (HOME) OF DECEASED
1. PLACE OF DEATH- COUNTY	STATE Maryland Montgomery
MONTGOMERY MARYLAND CITY (If outside corporate limits, write RURAL and) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Silver Spring (in this place)	OR TOWN Silver Spring
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS 805 Pershing Drive	ADDRESS 805 Pershing Drive
3. NAME OF (First) (Middle) DECEASED (Type or Print) Joseph Cornelius Clark	(Last) 4. DATE (Month) (Day) (Year) OF DEATH March /7 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov. 10.1883 9. AGE last birthday H under 1 year H under 24 brs. Hours Min. Hours Hou
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	Silver Spring, Maryland CounTSA
13. FATHER'S NAME	Mary Stubbs
Oliver Bernard Clark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	
(188, 10, 01 diffational) (17 scar, 27 to the of the order of the orde	805 Pershing Drive, Silver Spring, Md.
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	errification Interval Between ONSET and DEATH, 3 Morethy.
Immediate cause (a)	
200,/ Antecedent cause(s)	
Diseases or conditions, if any, (b)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10 Feb.	195', to 17 March, 195', that I last saw the deceased
alive on 14 May La, 1951, and that death occurred at	6 3 A.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
MB Tulle M. W. 112 Willow	Are. Tekoma Voet. Md. 17Houl 1957
	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) 3/21/51 St. John's C	emetery Montgomery County Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
19/51 Janees Totler	Waxner & Tungling 8434 Ga. Ave., Silver Spring
	550816 Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly: MARGIN RESERVED FOR BINDING

The correct age

/S. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02726

COUNTY Montgomery MARYLAND	STATE COUNTY	Minux.
CITY (If outside corporate limits, write HURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
TOWN Serves day 2 (in this place)	TOWN Silver Spring	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Subunban Hospital	STREET ADDRESS 2720 - Kan delph	st.
3. NAME OF DECEASED (Type or Print) Cichard allew	(Last) 4. DATE (Month) OF DEATH 3	(Day) (Year) 28 19 J /
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry	11, BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME Cast	Manian Trycles	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	1855e ank - 2720 andol	o. Silver Sin
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATH
Immediate cause (a)	ho preumous	36 his
Immediate cause		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	e enfant 6 mo. I wk gestelen	3 who.
(e)		
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from hear.	\$ 195/, to Mar 28, 195/, that I last sa	w the deceased
alive on Man: 28, 1957, and that death occurred at SIGNATURE: (Degree of title)	9.05 / m., from the causes and on the date sta	ted above. DATE SIGNED
Frank a. Zack Mill,	8248 La. ane Silver Spring Mod.	3/29/5-1
REMOVAL (Specify) 4/2/51 arlungion		
DATE REC'D BY LOCAL REGISTRAB'S SIGNATURE REG. 3 - 29-57 Lelin Curvaeh	Lindly Harlon 641 H	ADDRESS
2 05 NO 12 05 0111 D		

APR 2 1951)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. AID

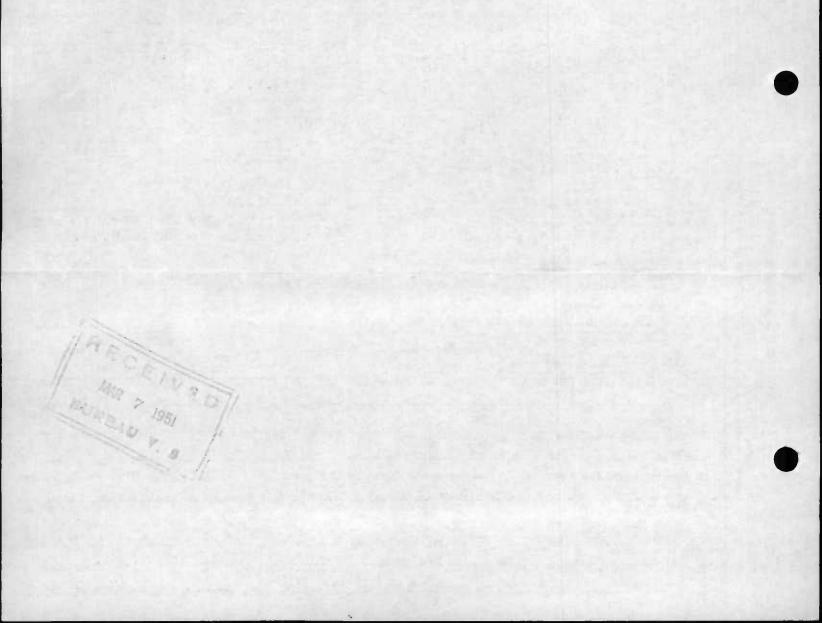
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02727

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	ry Nontg.
CITY (If outside corporate limits, write RUR. OR give nearest town kville		CITY (If outside corporate limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME	at lone	STREET ADDRESS R.F.D. # (If tural, give location)	
3. NAME OF (First) DECEASED (Type or Print) Warnetta	C. A. C	(Last) 4. DATE (Month) OF DEATH 3	(Day) (Year) 3 1951
5. SEX Female 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 10b. Kind of Business or	8. DATE OF BIRTH 9. AGE last birthday If under 14 Jan. 1880 71 yra. Morghs	year If under 24 hrs. Day Hours Min.
10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-W118	10b. KIND OF BUSINESS OR INDUSTRY OWN Home	Maryland	COUNTRY? USA
R. McKendree	21	Rebecca Ricketts	
15. Was DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or walnown) (If year, give war or dates of service)	1 16. SOCIAL SECURITY NO. NONE	Benj. Coleman Rockville	ners Lane
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE	RETIFICATION	INTERVAL BETWEEN ONSET AND DEATH
1/20 1	ORONARY +	HROM BOSIS	10 DAYS
420. / Antecedent cause(s) 940 Diseases or conditions, if any, (b)	14 per Ten	-S10N	6 YEARS
giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS	AntenioseLen	.05/3	6 YEARS
Conditions contributing to the death but not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR I			I an AVIII a Pove
ISE DATE OF OPERATION ISE REASON I	TIVELITIES OF OTERATION		Yes No R
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU		(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the	e deceased from 3/2.	, 1951, to 3, 3, 1956, that I last	saw the deceased
alive on 3, 195, an SIGNATURE	d that death occurred at (Degree or title)	ADDRESS and on the date s	tated above. DATE SIGNED
23 DURIAL CREMATION DATE	MD.	RY OR CREMATORY LOCATION (City, town, or con-	3/4/5/
REMOVAL (Specity) 3/7/51	Darnestown	Ch. Cem. Darnestown, Mc	1.
DATE REC'D BY LOCAL REGISTRAR'S	L. Eclaenfelder	Hotel A. Prumphrey - Bith	ela, ma.
	V	1 19	and the same of th



02728

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legit by.

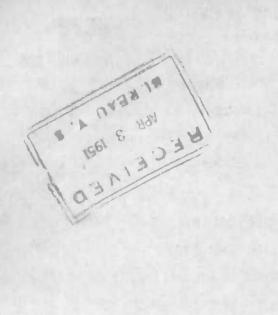
MARGIN RESERVED FOR BINDING

VS. A15

age.

The correct

	-/l1	CERTIFICAT	E OF DEA	ATH	Reg. Dist. N	o22#	•••••
1. PLACE OF DEAT	H•		1 2. USIVAL RESIDEN	CE (HOME) OF DE	CEASED.		
COUNTY		MARYLAND	OT A TEST	ryland	COUNT	" wontgome	TV
CITY (If outside c	ntgomery corporate limits, write RURA			corporate limits, write	RURAL and of	ve nearest town)	- 7
OR give nearest	town) akoma Park	(in this place)	TOWN	Takoma	a Park	,	
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS 11 Philadelp	hia Ave.	STREET ADDRESS 1	(If rural, l Philadelph	give location)		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Y	(ear)
(Type or Print)	Charlotte	Eleanor	Cooney	OF DEATH	March	0.0	19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH		thday If under	I year If under 2	24 hrn.
F	W	WIDOWED, DIVORCED, (Specify) M	9/6/1868	83	yrs. Months	Days Hours	Min.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country	y) 1	2. CITIZEN OF W	VHAT
13. FATHER'S NAM	IE		Charles C	IDEN NAME	***************************************	USA	
IK WAS DECEASED E	VER IN U.S. ARMED FORCES		17. INFORMANT	AND ADDRESS	-by		
(Yes, no, or unknown)	(If yes, give war or dates of service)	it social sacration		n E. Moxley			
		18. MEDICAL CE	RTIFICATION			1	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND DE	WEEN
434.3							
Immediat	e cause (a)	Cardiac decompe	nsation		*********	6-8-mcs	A
Diseases or giving rise t	nt cause(s) conditions, if any, (b)				**************************************		en en de constitut de la resident d
stating the u	inderlying cause last						
Conditions contribu	(c) ICANT CONDITIONS uting to the death but not use or condition causing deat	h.					
		INDINGS OF OPERATION				20. AUTOPSY	77
						Yes 🗆 N	0 0
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	: (CITY	OR TOWN)	(COUNTY		0
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)				, (4,	
TIME (Month) OF	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJUR	Y OCCUR?			
INJURY	m.	Work At work					
22. I hereby cert	ify that I attended the	e deceased from 20 Fe.	, 1951, to .26.	.Mar., 19.51.,	that I last	saw the deceas	sed
alive on24	4. Mar., 19.51., an	d that death occurred at	9 a. m., from	n the causes and o	on the date s	tated above.	ED
Will	an D: a	ud M.D.	Silver Sp	ring. Md.		26 Mar. 5	W.
23. BURIAL, CREM REMOVAL (Spec	TATION DATE THEREO		RY OR CREMATOR	Y LOCATION (Cit			
DATE REC'D BY			ivet	Washin	igton. De	ADDRESS	
REG. 3/2.6/51	J. Wilso		lag Pl	Luste	us Va	ND INESS	
	VI. 114		12:01	20		1110.1	=
			1121-1	gillue ?	nw.	wask !	OSi

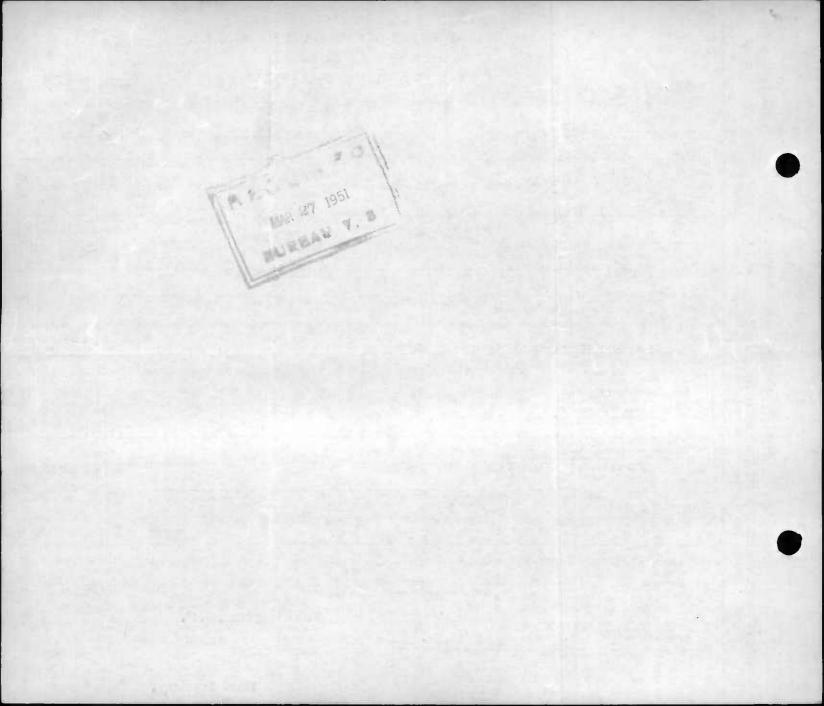


The correct age

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USHAL RESIDENCE (HOME) OF DECEASED-	
COUNTY MARYLAND	STATE C. COUNTY	Y
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR give nearest town) _ (in this place)	OR	ve nearest town)
TOWN / a Nome /ark		/
HOSPITAL OR	STREET (If rural, give location)	. /
INSTITUTION OR STREET ADDRESS Washing Ton Sanitarium and Hospita	ADDRESS 13 23 21 ST ST. N. I	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
		22 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	I year Ilf under 24 bre
widowed, divorced,	Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12	0
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or loreign country)	COUNTRY?
Retired Treases Capital Transit Co	Frederick Co Maryland	u.s
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME /	
Be Grant	C.A DI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	A A A A A A A A A A A A A A A A A A A	
No service)	Patient's Chart	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Paratate	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTED BEADING TO DEATH	10514	ONBET AND DEATH
Concer 1 U	mle	4-5-
Immediate cause (a)		
Antecedent cause(s)		1, 2
Diseases or conditions, if any, (b)	Francas	4-5 may
giving rise to the above cause	- A Na 1	
5 stating the underlying cause last	1 l h. lo.	1 2 11 dans
(c) 0-00mm = 0 / 1	of carme ingfreing	10-4
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
132. DATE OF OI EMATION 100 MAGON PANDANGS OF OI BRANTON		20. AUTOFSTI
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work		
1945	10 4 3/27/ 105/ 1247/14	alli atti a
22. I hereby certify that I attended the deceased from		
10 5 and that dooth assumed at	5: 10 m., from the causes and on the date st	akad aham
	ADDRESS	DATE SIGNED
SIGNATURE (Degree or title)	1/1	1 1
The b. Nothing 190	to hadeword Till	3/22/51
23. BURIAL (CREMATION) DATE THEREOF NAME OF CEMETE	Washing ton D. C. RY OR CREMATORY LOCATION (Chy, town, or count	
23. BURIAL, (CREMATION) DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	. //
REMOVAL (Specify) 3-24-1951 (chartelf)		ud.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3/2 2/51 /- 1 timen N 2001	(Joseph Ganlers 1750	6 Pa. aug
- direction of the state of the		o v a,
	Washington, 71-	w-DC1
	298516	-10

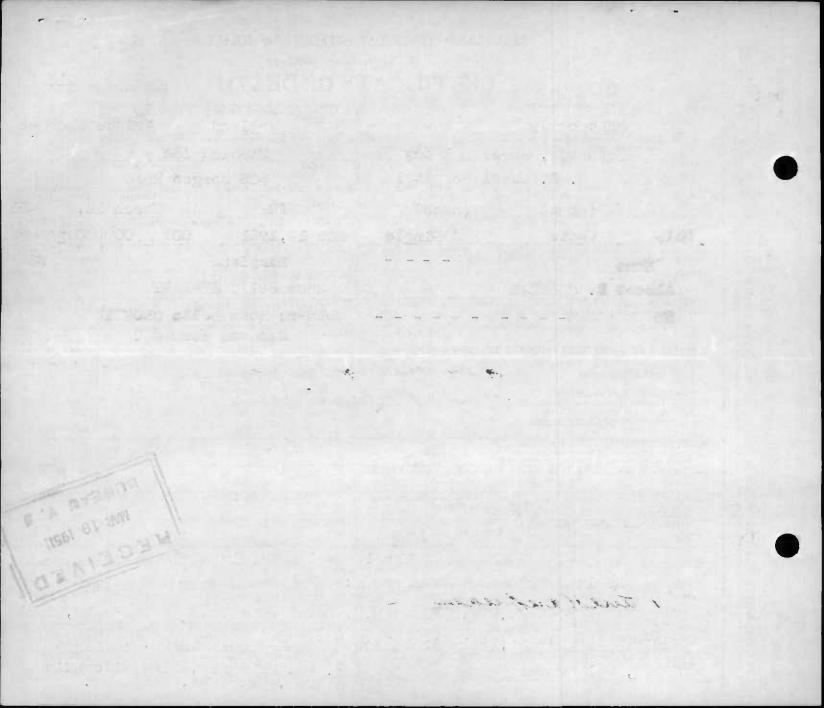


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02730

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Montgomery MARYLAND	STATE Maryland Prince Georges
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negrest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
Town Bethesda, Rural 1 day place)	Town Morningside
HOSPITAL OR INSTITUTION OR II C Novel Hospital	STREET (If rural, give location)
STREET ADDRESS U. S. NAVAL HUSPICAL	M ADDRESS 505 Morgan Road
3. NAME OF CHIEF (First) DECEASED CHIEF (First) DECEASED CHIEF (Middle) DECEASED CHIEF (Property of Parties)	(Last) 4. DATE (Month) (Day) (Year)
(Type of trint)	CRUMBLE DEATH March 14, 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	Mar 14.1951 OO vrs. Worths Do Hours 24 hrs.
Male White (Specify) Single (Specify) Si	
done during most of working life, evon if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert B. CROMBIE	Rosa Belle STEWART
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no required to the control of t	Mother: Rosa Belle CROMBIE
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	malurity
Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause	wally
atating the underlying cause last	
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🕅 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from Mar 14	4 , 19 51, to Mar 14, 19 51, that I last saw the deceased
alive on Mar 14 19.51, and that death occurred at	4:45 P m. from the causes and on the date stated shove
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
DO TO THE MAN THE TO MED TIS NOT THE	S. NAVAL HOSPITAL March 16, 1951
	RY OR CREMATORY LOCATION (City, town, or county) (State)
DENEGRAL (C)	n National Arlington, Virginia
Burial Mar 20,1951 Arlington	24. FUNERAL DIRECTOR ADDRESS
Mar 16, 1951 Elvil Whittenston	R. A. PUMPHREY, 7557 Wisconsin
	Avenue, Bethesda, Maryland.
203141911210	



VS. A15

880

correct

1. PLACE OF DEATH.

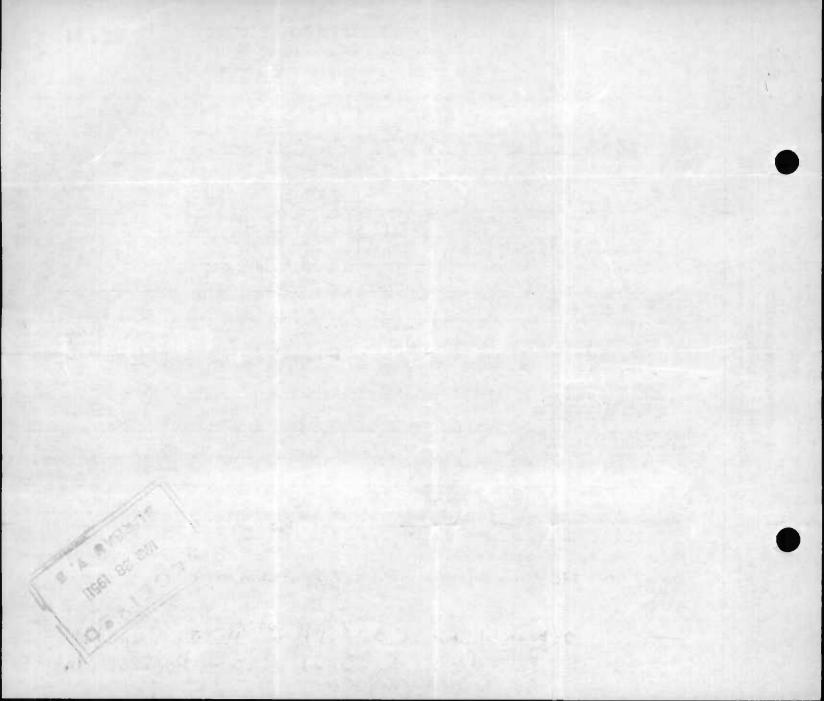
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (HOME) OF DECEASED

02731

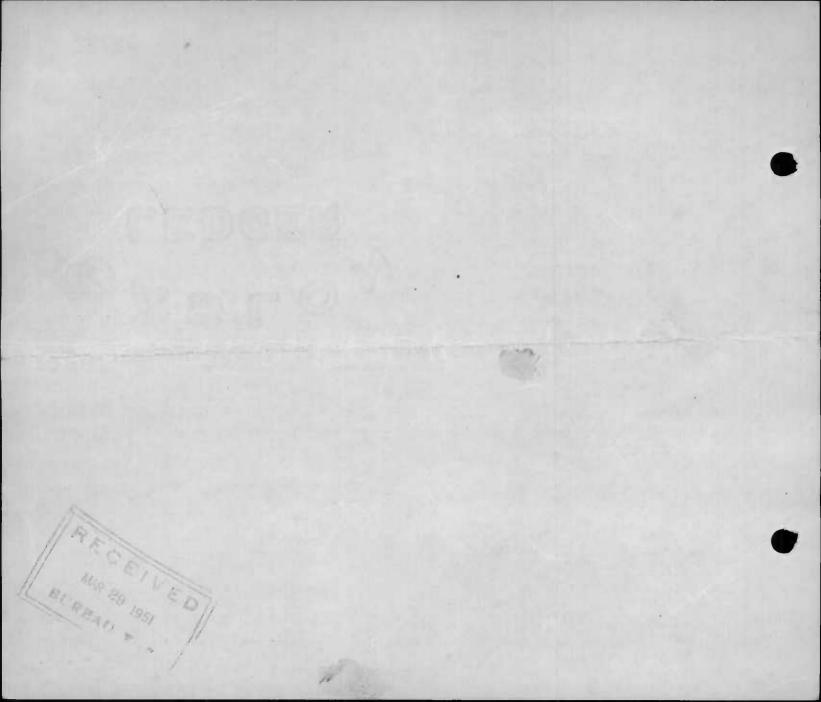
MONT GOMERY MARYLAND	STATE MARY LAND COUNTY GEORGE
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) PAPK ND. 2-14-51 (in this place)	TOWN BERWYN
HOSPITAL OR	STREET (If mirel give location)
STREET ADDRESS WASHINGTON SANITARIUM AND HOSPI	ALADDRESS 9203 BALTIMORE BONLEVARD
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CHAPLES ENDER	CROSBY DEATH MARCH 22 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - ARPENTER	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT STAUNTON, VIRGINIA COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AMOS CROSBY	FANNIE ROGERS
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS
18. MEDICAL CE	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420 Immediate cause (a) CHR DIOVASCULI	AR HIPERTENSIVE HEART DISEASE 10 YES
Antecedent cause(s) Diseases or conditions, If any, (b) TREBROVASCULA	AR ACCIDENT 10 days
giving rise to the above cause	and a second of the second of
stating the underlying cause last (c) GENERALIZED ART	ERIOSCLEROSIS INVOLVING COROHARIES / 4 yro+
II. OTHER SIGNIFICANT CONDITIONS	ART BLOCK Rt Heniplegia
192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no. none	Yes X No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	
SUICIDE HOMICIDE OF office hldg., etc.)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
OF While at Not While INJURY Mork At work	
22. I hereby certify that I attended the deceased from Fel. 14	1957, to her 22, 19.57, that I last saw the deceased
alive on 2, 19.51, and that death occurred at	8.30 P.m., from the causes and on the date stated above. ADDRESS DATE SIGNED
ch Indusar mp. h	Vachington Saintarin & Hosp. Taham Park - 3.22.51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE STANDARD STANDAR	erry Of CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-23-7	24. FUNERAL DIRECTOR ADDRESS
- Silver	
	13 April sour Habitanil My.



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02732

1. PLACE OF DEATH- COUNTY Monta mus	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECE	COUNT	monet	
CITY (If outside corporate filmits, write HURAL and OR give nearest town)	LENGTH OF STAY (in this place)	OR TOWN	ate limits, write Ri	URAL and glv	re nearest town)	0
HOSPITAL OR INSTITUTION OR STREET ADDRESS MMZy Co - 42	u.	STREET ADDRESS	アリー (Il rural, gi	ve location)		
3. NAME OF DECEASED (First) (Type or Print)	(Middle)	(Last)	4. DATE OF DEATH	(Month)		Year)
Female White Wide	NGLE, MARRIED, DOWED, DIVORCED, pecify	8. DATE OF BIRTH 7 Feb. 1874	9. AGE last birthe	day If under Months	I seems Not senden	24 hrs
10a. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR STREWN HOME	Pennsylvania	or foreign country)	12	COUNTRY?	WHAT
Will Houser		Unknown	NAME			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (1f yes, give war or dates of service)	Social Security No. None	Frank A. Dav		mont,	d.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		a dilitar	Éà		ONSET AND I	-
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDIN	IGS OF OPERATION				20. AUTOPS	Y?
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office CAUSE OF DEATH.	ome, farm, factory, street, bldg., etc.)	(CITY OR 7	rown)	(COUNTY)		No 🙀
		HOW DID INJURY OC	CUR?			
22. I certify that I took charge of the remains des obtained by said Autopsy, Inspection or Inquifrom: natural causes ★, accident □, suid SIGNATURE 23. BURIAL. CREETIN DATE THEREOF	scribed above, held an A iry, find that said dece cide , homicide , (Degree or title) NAME OF CEMETE	undetermined ADDRESS Startles les RY OR CREMATORY I	JATION (City,	town, or coun	DATE SIGN	NED
Bur 191 Bur 1951 DATE REC'D BY LOCAL REGISTRAR'S SIGNA REG. 3-23-5/	Potomac Ch	urch Cem. F	P	<u>Maryla</u> Bethes	ADDRESS	
		· · · · · · · · · · · · · · · · · · ·	1			_



CERTIFICATE OF DEATH

	The state of the s	
1. PLACE OF DEATH- COUNTY MONTGOMER / MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y
CITY (If outside corporate limits, write RUBAL and LENGTH OF STAY OR give nearest town) TOWN SIVER S PRINGS (in this place) (month of the property of the prop	CITY (If outside corporate lifnits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR 1508 Ballach St	STREET (If rural, give location) ADDRESS /// STREET	E /
3. NAME OF DECEASED (First) (Middle) (Type or Print) MAR / FRANCES	Cast) 4. DATE (Month) OF DEATH 3	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wigowed	8. DATE OF BIRTH 9. AGE last birthday If under	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY OF STATE O	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ? Juller	14. MOTHER'S MAIDEN NAME	2
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	MRS. C. Chick - 334 1572	N.E
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Jennium of Buy	nohial Aneumonia	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	- 4/	D CAA
Diseases or conditions, if any, (b) which is giving rise to the above cause stating the underlying cause last (c) after it solves	ii).	10 grs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY M. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3.14-	, 195/, to 3./9, , 195/, that I last s	saw the deceased
alive on 3, 19 and that death occurred at	ADDRESS	DATE SIGNED
23. BURIAL, GREMATION DATE, NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or coun	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
18.3/20/51 (Trances Fetter	N.N. Shambers	00
	It asking tow De	

Rumaledge und consent of Dr. Browbat.

2. Leibarden M.J.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

112734

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (H	OME) OF DECEA			
Montgomery	MARYLAND	Marviand	Mo	nt.comer	T.	
CITY (If outside corporate limits, write RURA OR givo nearest town) TOWN Takoma Park	L and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN Takoma		RAL and give	nearest town)
HOSPITAL OR		STREET	(If rural, give	location)		
INSTITUTION OR STREET ADDRESS 7/199 Blair	Road	ADDRESS 71,99 B1	air Road			
3. NAME OF (First)	(Mlddle)	(Last)		Month)	(Day)	(Year)
(Type or Print) MARY	DECL	ERCO	OF DEATH Ma	rch 28		19 51
5. SEX 6. COLOR OR RACE	7 SINCLE MARRIED	S. DATE OF BIRTH	9. AGE last birthda	v I If under I	year If unde	r 24 hrs.
Female White	WIDOWED, DIVORCED, (Specify) Married	Jan.13.1871	80 ym	Months	Days Hours	Mln.
100 HISTIAL OCCUPATION (Give kind of work)		11. BIRTHPLACE (State of	(oreign country)		CITIZEN OF	WHAT
done during most of working life, even if retired)	INDUSTRY HOME	Belgium		1 (COLDSTRY?	
13. FATHER'S NAME	OWIT TIORES	14. MOTHER'S MAIDEN	NAME		elgium	
Leonard Vande Sompele		Blondina Van	De Kaere			
15. WAS DECRASED EVER IN U.S. ARMED FORCES?		17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown) (If yes, give war or dates of no service)	none	Miss V. Martha	Declerca			
	18. MEDICAL CE					- 11
I. DISEASES OR CONDITIONS DIRECTLY I	LEADING TO DEATH				INTERVAL BE ONSET AND	
Immediate cause (a)	Infectious hepati	tis	. \$0 - 5 mm - 1 \$50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 days	
giving rise to the above cause	Toxic myocardosis	# TOT			2 days	
stating the underlying cause last						
11. OTHER SIGNIFICANT CONDITIONS						_
Conditions contributing to the death but not related to the disease or condition causing death	ı.				. 19	
	INDINGS OF OPERATION				20. AUTOP	SY?
					Yes 🗆	No 13
21. ACCIDENT (Specify) PLAC OF INJU	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)	(STATE	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?			
22. I hereby certify that I attended the alive on March. 28, 151, and SIGNATURE	deceased fromJanl that death occurred at.2		causes and on t			
Tramportiethe				3.	/28/51	
23. BURIAL, CREMATION DATE THEREO BUT181 (Specify) 3/30/51	St. John's	100 - 22nd St. RY OR CREMATORY PL Catholic Cemeter	y Montg	wn, or count	y) (St. Md	ate)
DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTO			ADDRESS	
REG. 3/24/51 4.11/1	in Nodas.	Warner to Tumphro	4 8434 Ga.	Ave.	Silver	Sprin
		6	9,	Maryla	nd	===

orgale SI 1261 S A9A BECEIVED magnetic and all the state of t

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

112735

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH- COUNTY Montgomery MARYLA	STATE	NCE (HOME) OF DECI	MENTE OMERY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Takoma Park CITY (If outside corporate limits, write RURAL and OR TOWN Takoma Park			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 123 Flower Avenue	STREET ADDRESS	(Il rural, gi	ive location)
3. NAME OF (First) (Middle)	(Last)	14. DATE	(Month) (Day) (Year)
(Type or Print) Charlie Robert	Derflinger	OF DEATH	Mar. 9, 1951
5. SEX Male 6. COLOR OR RACE WIDOWED, DIVO (Specify) Marri	1 ed 4/25/1888	62	day If under 1 year If under 24 hrs Months. Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Busing life, even if retired) 10b. Kind of Busing life, even if retired) 10b. Kind of Busing life, even if retired)	Riverto	(State or foreign country) N, Va.	12. CITIZEN OF WHAT COUNTRY?
William Derflinger	Eliza		
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	No. 17. INFORMANT	and Addressing	er(Wife)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	the hard derin		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	- Crany reclu	~~	
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	faclula	ave was deep destablished on a con acce dangs socialised on a	0-4 mille
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			00.000000000000000000000000000000000000
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factor OF office bidg., etc.) HOMICIDE INJURY	y, street, (CIT)	Y OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRE OF While at Not Wh Not Work At wo	le	RY OCCUR!	
22. I hereby certify that I attended the deceased from	2/-1/1 - 3	3/9/ , 195/, t	hat I last saw the deceased
alive on 194, 195, and that death occur SIGNATURE (Degree or tit	red at 525 m., from	m the causes and on	the date stated above. DATE SIGNED
Ju & Wolsten	500 lud	leword of hh	3/9/51
REMOVAL (Specify)	CEMETERY OR CREMATOR	Berry	ville, (State)
REG. 5-9-57 REGISTRAR'S SIGNATURE	24. FUNERAL DIR	Leves Theres	ADDRESS
	290	01-14-4 1	246 Work DB

BECELARD

02736

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
nont somer MARYLAND	Virsinia	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
TOWN TAILUMA PAIK (in this place)	TOWN Arling ton	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR	ADDRESS / 7/1/ Sau 4/ ha	no had a /
STREET ADDRESS Washington Junitarium 4		mrae V
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) John William	HOOF DEATH 3	29 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE iast birthday If under I	year If under 24 hrs.
ma/e white WIDOWED DIVORCED (Specify Widowld	1-29-1867 84 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Charlestan III Va	COUNTRY
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	menca
10. PATRICKS NAME	la de la	
william Hoas	mary v. Duzzara	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	11
NO service) - 577-26-1195	Washinston dan and	HOSP
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY READING TO DEATH		ONSET AND DEATH
Immediate cause (a) Arteriosclerosis	. generalized	?
Immediate cause (a) 111 001 1030 10103 13	A control of the cont	
/ If / Antecedent cause(s)		
Diseases or conditions, if any, (b) ACUTE retention		3-4- yrs
giving rise to the above cause 137 stating the underlying cause last		
10/0		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death hut not		
related to the disease or condition causing death.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	CONTRACT - LACTIVE	20. AUTOPSY1
3-14-61 /19mgn/1002 144	barriob the drawn 12	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!	
OF While at Not While		
Attorn		
22. I hereby certify that I attended the deceased from 3-13	1, 19 ⁵¹ , to 3-1, 19 ⁵¹ , that I last se	baseonah art we
22. 2 20.00)	16. 30	an one deceased
alive on 3-2-, 19, and that death occurred at	ADDRESS and on the date str	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. Out	110 2006 . 2000 (1003/1
Olmer - I hands o	1 1323. 1:10. Well W. Wach	VC -120/57
	ERY, OR CREMATORY OCATION (City, town, or count	y) (State)
MMOVAL (Specify) 3-31-51 Murell	Viel Mossill Hick y	11. 25
PATE REC'D, BY LOCAL REGISTRANT SIGNATURE	2 FUNERAL DIRECTOR	ADDRESS
REG. 24 8/17 CHIAMA DOLL	1 2 036	, // -
21/0/21/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	Junear June, U	ungun!
	7/2/110	The
	160410	oc.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15

RECEIVED APR 2 19

VS. A15

The correct age

簡

MARYLAND STATE DEPARTMENT OF HEALTH

02737

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Montgomery MARYLAND	STATE D. C. COUNTY		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give nearest town)		
OR give nearest town Sethesda (in this place)	OR TIPES his of		
HOSPITAL OR	STREET (If rural, give location)		
INSTITUTION OR STREET ADDRESS Suburban Hospital	ADDRESS 3961 Fessender St. N.W.		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)		
(Type or Print)	towns DEATH MARCA 2 1951		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Markied	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 brs. Sept. 7, 1881 9. AGE last birthday If under 1 year Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT		
done during post of working life, even if retired) INDUSTRY	Wilmington, Del. COUNTEY? U.S.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
William Downs.	Hynes Lee		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS U		
(Yes, no, or unknown) (If yes, give war or dates of service)	Mes. Florence Downs - 3461 tessenden St. N.W		
18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN		
	ONSET AND DEATE		
Immediate cause (alleuto Coronar	y Rechain 10 days		
Antecedent cause(s)	2 21 8 1		
O day Diseases or conditions, if any, (b) Conditions, if any, giving rise to the above cause stating the underlying cause last	any suisse you		
seeing the underlying cade tast			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)		
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(COUNTY) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?		
INJURY m. Work At work			
* * * * * * * * * * * * * * * * * * * *			
22. I hereby certify that I attended the deceased from Zel 20	19.5, to Leaven, 19.6, that I last saw the deceased		
alive on 2 2 , 1951, and that death occurred at	O'O.S.A.m. from the source and on the data state !		
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED		
Scaler Cousins U. S. 392	21. Sugamer - H. W. 21 71/2 6 8 3/2 bi		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)		
Burial (Specify) 6March 1951 Mt. Zion	Bethesda, Maryland		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	20 FUNERAL DIRECTOR ADDRESS		
REG. 3-4-51 /fellen Kurvack	bound be Lumbhay - Between & The		
	The state of the s		
	505111		

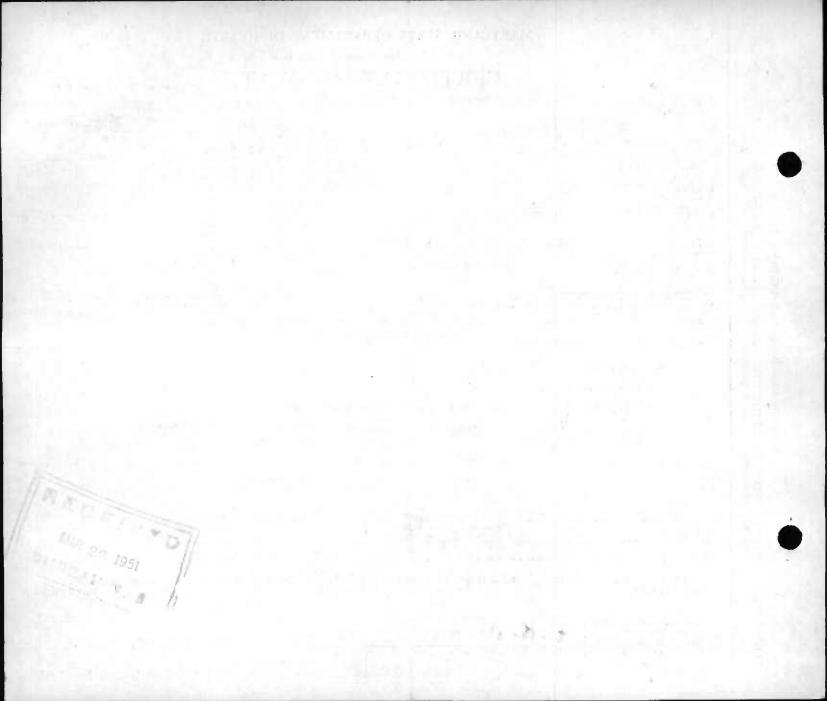
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

02738

			2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY	ontgomery	MARYLAND	STATE Maryl	and	county	tgomery
		AL and LENGTH OF STAY	CITY (If outside corpo		RAL and give n	earest town)
OR give nearest	Bethesda	(in this place)	II OB	hesda		
HOSPITAL OR			STREET .	(If rural, give	o location)	
INSTITUTION OF			ADDRESS 114			
3. NAME OF	(First)	(Mlddle)	(Last)	4. DATE ((Month) (I	Day) (Year)
DECEASED (Type or Print)	Louise	Luton	Driskill	OF DEATH	earch 1	8 195
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthde	ay If under 1 y	ear If under 24 hrs.
female	white	(Specify)married	3/31/1899	51 yr	s. Months. Da	Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State			ITIZEN OF WHAT
house during most of v	vorking life, even if retired) Wife	own home	Union Cit	y, Tenn.	Cou	NTRY?
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDER			
D	rew Luton		Mai H	annah		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		17. INFORMANT RO	bert H. D	riskill		
(1es, no, or unknown)	(If year, give war or dates e service)	or [hus	band
					1	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	RTIFICATION			TERVAL BETWEEN
210,210,200 010 01		2	11	. /		NSEI AND DEATH
Immediat	e cause (a)(horosoh	hombo	are		
						1511
Anteceder	nt cause(s)	3 4 0 0+		· - P1 01	/	7 70
Diseases or	conditions, if any, (b)	metral Menos	is a Current	as febrelle	leon	
giving rise t	o the above cause inderlying cause last	121 4	-Heart s		0	
100	(c)	/ heumake	14000	ne		***************************************
Conditions contribu	ICANT CONDITIONS utling to the death but not use or condition causing deat	h.				
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			1 2	0. AUTOPSY?
						Yes No P
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OF	CCUR?		
OF INJURY	m.	While at Not While Work At work				
			1			
22. I hereby cert	ify that I attended th	e deceased from	1947. to man	ch \$ 194 / th	at I last saw	the deceased
alive on	Ø., 19.1., an	d that death occurred at	.X	e causes and on t	he date state	d above.
SIGNATURE	1215	(Degree or title)	ADDRESS	AT	+ /	DATE SIGNED
	10.1.	foyce m	2. / Se	Cherda,	M 3	-18-51
23. BURIAL-CREM	ATION DATE			LOCATION (City, to	own, or county)	(State)
ransportat		East View	Cemetery	Union Ci	ity. Ter	m.
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECT	OR That A. M. W	lines C	ADDRESS
REG. 2/107/	51 Nol-	1 tubach		th St., N.		
1114				0.7 00. 11.	110 2 11 11	, 0.0.



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

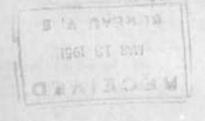
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02739

Reg. Dist. No. 213.

1. PLACE OF MEATH. GOUNTY GOMES MARYLAND	22. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outsile copporate links, write RUPL and LENGTH OF STAY OR give nearly town) (in this place)	CITY (If outside corporate limits, write RURAL and the nearest town
TOWN COCKET	TOWN (Ockred)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lucerly Park.	STREET ADDRESS (It werd, give pration)
3. NAME OF DECEASED (Type or Print) Roland Oliver Du	(Last) (A. DATE (Month) (Day) (Year) OF DEATH Narch 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WILLOWED, DIVORCED, (Specify)	78 DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working (to even if retired) Industria	11. BIRTHPLACE (state or foreign country) 12. CINIZES OF WHAT
FATHERS NAME Delking	14. WOTHER'S MAIDEN NAME COME
5. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war of dites of 579-12-3631	17. INFORMANT AND ADDRESS. (wefe)
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420 Immediate cause (a) Coronary	1 Trombosis march 8,51
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecus titi	s Cholecysteetony 1950 vov.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE HOMICIDE SUICIDE S	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) Hour) INJURY OCCURRED OF While at Not While INJURY Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from QCL.	7, 1950, to march 9, 195/, that I last saw the deceased
alive on	1.1.40. m., from the causes and on the date stated above. ADDRESS DATE SIGNED
Webster Sewell,	4D. norbeek, and, march 1251
BURIAL CREMATION DATE THEREOF NAME OF CENETE STEMOVAL Specify) 3/12/5/ Succlusive	RY OR CREMATORY LOCATION (Cyv, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 12-12-51 Lelen & Celendoldro	Robert A. Sugardon Cockendo
3-12-51 Netter x. available	1/3/6/1



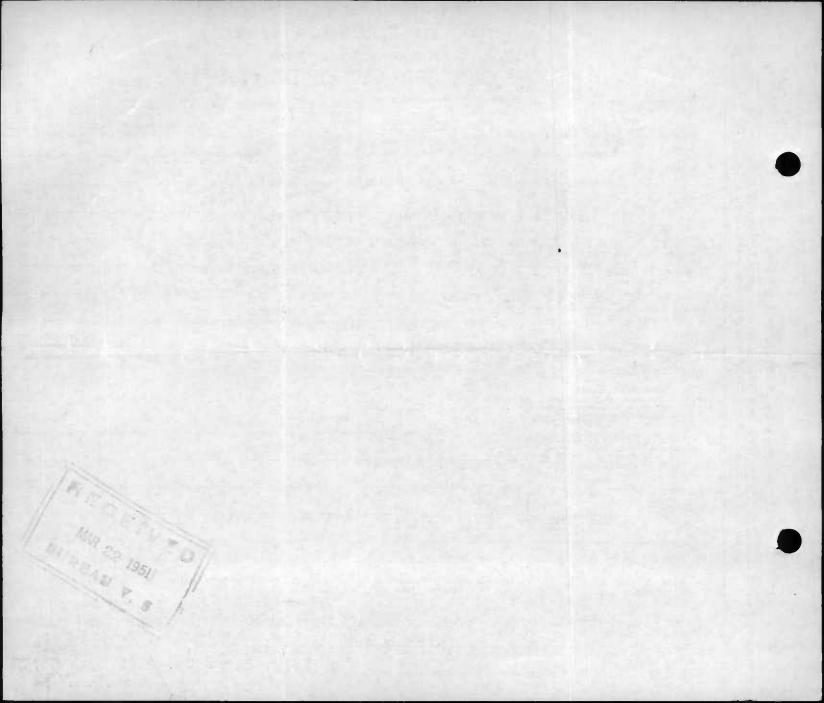
2411 N. Charles Street, Baltimore

02740

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MONTER MARYLAND	STATE DIATRICT OF COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
OR give nearest town) TOWN TOWN TOWN A Nome Park HOSPITAL OR	TOWN Washing Ton Dc.	
HOSPITAL OR	STREET (Yf rural, give location)	1
INSTITUTION OR STREET ADDRESS Washin, Ton Sani Tarium and Hospital	ADDRESS 317 10 Th ST. N.E.	Y
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) L: //: e Ruth	DEATH March	19 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	year If under 24 hrs.
Fe White (Specify) Widow	June 21 1898 52 yrs. Monton	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Washing Ton D.C	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Haner	Lillie Ruth Jeffrier	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Patient's chart	
18. MEDICAL CEI		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
P. DEBUINDED ON CONTENTIONS DESIGNATION OF THE P.	1/ 1/1	0.001 2.00 2.221
Immediate cause (a) Congestive	Heart Marline	2-3700
D 10 +	. / . / . /	
Antecedent cause(s) Diseases or conditions, If any, (b)	Heart Visease	5 Flans
giving rise to the above cause stating the underlying cause last		
92 Jetating the underlying cause issue	Temania . Ream. Taken	5 Jeans
II. OTHER SIGNIFICANT CONDITIONS	2011 County	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	F 9-0 / 0 //	
22. I hereby certify that I attended the deceased from	(, 19.50, to 19.4.4.1.2 19.4, that I last s	aw the deceased
alive on month 19, 1951, and that death occurred at	55 Pm from the source and on the date at	atad abava
SIGNATURE (Degree or title)		DATE SIGNED
De la fill on il	goy Ellsworth dune	north 19 1951
Philip 6. John . M. o	Silver spring 1/101	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	
	Natl. Cem. Arlington, Virgi	nia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3-20-57 A-HUMM/Odd	The S. H. Hines Co 2901]	4th St. NW
The state of the s	Wash.	
	390000	



correct age

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

112741

1. PLACE OF DEAT	nonte.	MARYLAND	2. USUAL RESIDENCE	HOME) OF DECI	COUNTY	Mon	fa
OR give nearest TOWN	town	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor	rate limits, write R	URAL and giv	e nearest tow	ny
HOSPITAL OR INSTITUTION O' STREET ADDRE	R SS		STREET ADDRESS 10 60	1 1	we location)	X ave	
3. NAME OF DECEASED (Type or Print)	SAMUEL	(Middle)	ELSBERG	4. DATE OF DEATH	(Month) NAR.	(Day)	(Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH	9. AGE last hirth		Days Hou	
	ATION (Give kind of work working life, even if retired)	10b. KIND OF DUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12	COUNTRY?	S.A.
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDER	NAME			
15. WAS DECEASED E (Yes, no or unknown)	ver In U.S. Armed Forces (If yes, give war or dates of service)	1579-26-7122	SON. POE E	ADDRESS LSBERG-	10600	ANHE	RSTA
		18. MEDICAL CE	RTIFICATION			INTERVAL I	Berweien
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	
. / . You madded	(a) (2 cutt Coron	am Ocely	nin		1000	0.4
420.0 Immediat	e cause (*/						7
Diseases or giving rise t	nt cause(s) conditions, if any, o the above cause anderlying cause last	ypertensue tar	tens selend	ie Heart	Desease	***************************************	
Conditions contrib	(c) ICANT CONDITIONS uting to the death but not use or condition causing deat	h.		No-to-			
		FINDINGS OF OPERATION				20. AUTO	PSY1
						Yes 🗆	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU		(CITY OR		(COUNTY)	(STAT	(E)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CUR?			
22. I hereby cert	ify that I attended th	e deceased from 2/14	, 19.50, to 3/	′.3, 19.5./., t	hat I last s	aw the dec	eased
alive on3	/1.3, 1957, an	d that death occurred at	ADDRESS A	causes and on	the date sta	ated above	
Deruan	in Jaccoco	m. m' 1). 7	896 Ha. au	1. S. V. M	d.	3/13/	51
23. BURIAL, CREM	ATION DATE THERE	NAME OF CEMETE		LOCATION (City,	town, or count	(S	State)
DATE REC'D BY REG. 3/4/	LOCAL REGISTRAR'S		Localing 24 June RAL DIRECT	Tures	2/2	ADDRES	S
-1/				Sterman	- Gae	elen	7
				*	VVV	VVV /	



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

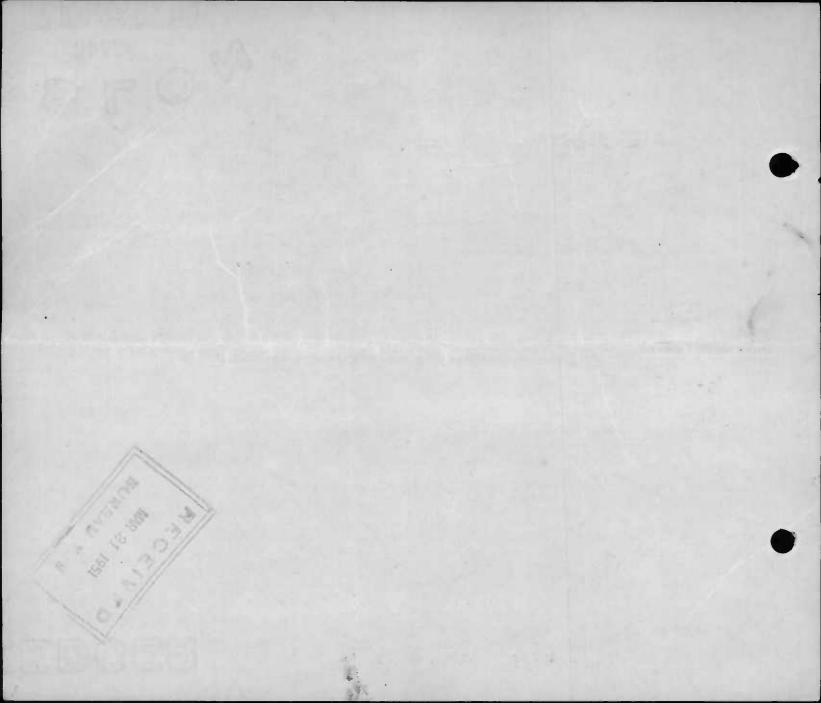
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02742

county Montgomery Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE TYLAND MONTGOMERY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest thesda & hrs.	CITY (If outside corporate limits, write RURAL and give	e nearest town)
HOSPITAL OR INSTITUTION OR SUBURBAN HOSPT.	STREET ADDRESS 409 COMMErce Lane	
3. NAME OF (First) (Middle) (Typa or Print) Benjamin F.	(Last) 4. DATE (Month) OF DEATH MGA.	(Day) (Year)
Male Solor or RACE 7. SINGLE, MARRIED, WIDOWELER, WIDOWELER, (Specify) MITTIED.	8. DATE OF BIRTH 9. AGE last birthday If under I Months yrs. Wents	
10a. USUAL OCCUPATION (Give kind of work on a during most of working life, evan if retired) 10b. Kind of Business or Industry 1 2 2 4 5 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Montg. Co. Maryland	CITIZEN OF WHAT
Harry V. Embrey	Lottie Boroughs	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of Yes-Unknown		ordel Ave.
18. MEDICAL CE		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) Thoracia he	montage the To	61/2 hu
Antecedent cause(s) Diseases or conditions, if any, Oc. giving rise to the above cause	est '	00 00 04 04 1000000 0001 00000000000000
giving rise to the above cause stating the underlying cause last (c) Transferred growth	l baurations	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the damth but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
PRIMARY OR CONTRIBUTING X OF office brig., etc.) CAUSE OF DEATH.	Kackville monty	md
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Max 14-51-7:45 m. INJURY OCCURRED While at Not while work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decei	Autopsy X, Inspection ., Inquiry thereon and I	from the evidence
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	undetermined	DATE SIGNED
23. BURIAL CREMATION PLATE THEREOF I NAME OF CEMETE	GRY OR CREMATORY LOCATION (City, town, or count	3-/3-5/ v) (State)
REMOVAL (Specify) 3/19/51 Arlington N	National Arlington Viro	
REG. 3-17-51 Allen Kurvach	Kher a. Tumphrey, Bethes	address add.
1	/ //	



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02743

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH.	1 2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY	STATE COUNTY
Ment Comeny MARYLAND	18 And am any Monthomery
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	OR CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town Pork (in this place)	TOWN - Zhama Park.
HOSPITAL OR Washington San. of Hosp.	STREET (If rural, give location)
	ADDRESS
STREET ADDRESS Takema lark - haryand.	1 /25 Gdrtoll ()ve.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print)	E nos. DEATH 3 29 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
winowen nivorcen	Months Days Hours Min.
Female White (Specify) Vidauco.	10-4-71 63 yrs. 1 + + +
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	Clinton Co. Michigan COUNTEY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
C. C -	0 2 1 4
yearge heleri	Uhha Dehrend
15. WAS DECLASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
service)	Hospital Records
18, MEDICAL CE	
	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
al fine of	v & Humalegal Caramonistaria
Immediate cause (a) Chramitan du	is of fundament or anomalous
1/74	(
Antecedent cause(s)	1 P. 9 years
Diseases or conditions, if any, (b)	man of leaves
giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🔼
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(CITTOR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	- 40
22. I hereby certify that I attended the deceased from 12-13	7, 19.60, to 3 - 29, 1967, that I last saw the deceased
22. I hereby certify that I attended the deceased noning	in, 15,5%, to
alien on 2 - 28 105 and that doath accurred at	
	5 144 9 fm from the causes and on the date stated shows
	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
De Joe X. Mushe M. Jak	hours ark 12 Med 3-29-51
SIGNATURE: (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS DATE SIGNED COURSE A ME 2 Mel 3-29-51 CRY OR CREMATORY LOCATION (City, town, or county) (State)
SIGNATURE (Degree or title)	hours ark 12 Med 3-29-51
SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	ADDRESS DATE SIGNED STATE OF CREMATORY LOCATION (City, town, or county) (State)
SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'P BY LOCAL BEGISTRAMS SIGNATURE REG. 20. BURIAL ELECTRONAMS SIGNATURE	ADDRESS ROSE ASKE 2 THE 3-29-51 CRY OR CREMATORY LOCATION (City, town, or county) (State) Cemetery St. Shus, Michigan
SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL FRESTRAMS SIGNATURE	ADDRESS ROSE ASKE 2 THE 3-29-51 CRY OR CREMATORY LOCATION (City, town, or county) (State) Cemetery St. Shus, Michigan
SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL EXCISTRANTS FIGNATURE REG. 2C. BY LOCAL EXCISTRANTS FIGNATURE	ADDRESS ROSE ASKE 2 THE 3-29-51 CRY OR CREMATORY LOCATION (City, town, or county) (State) Cemetery St. Shus, Michigan

SECEIVED SERVINE

The correct age

Evidence for change in 8 shown en:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

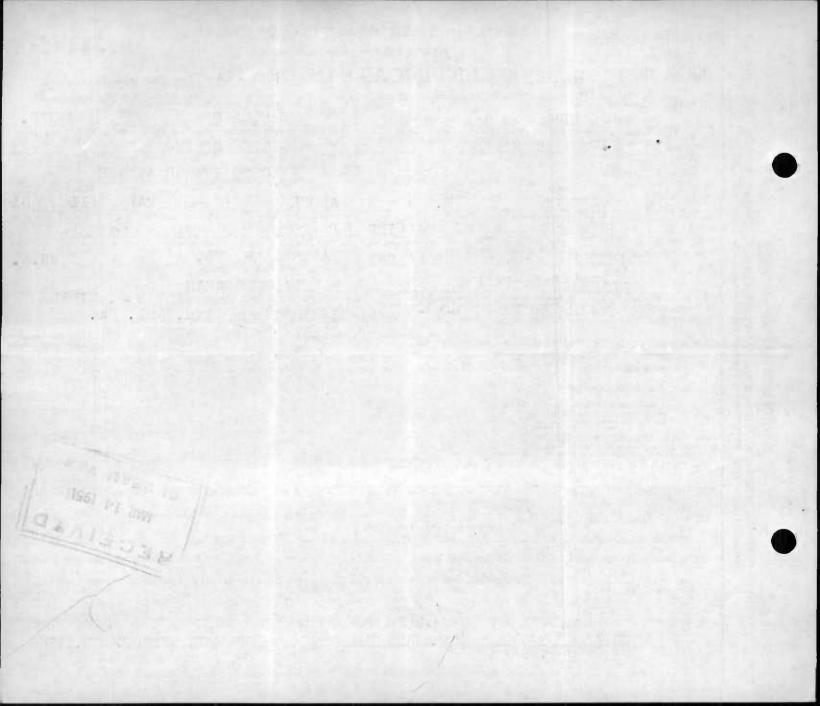
112744

HIM No. G 131 MAR 22 195 CERTIFICATE OF DEATH

g. Dist. No. 214

3/0736

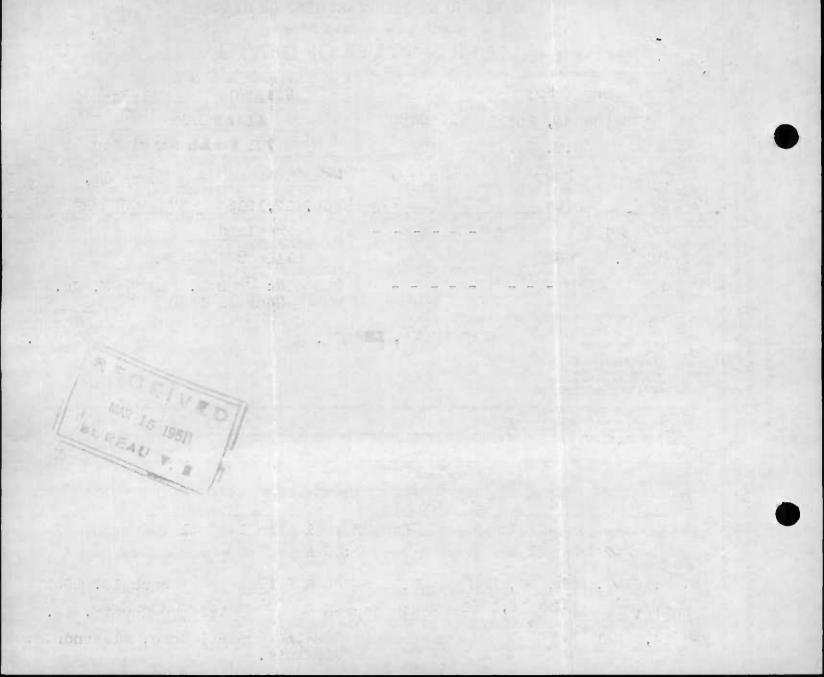
1. PLACE OF DEATH.			2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY M()	NTGOMERY	MARYLAND	STATE MARYLAND COUNTY MONTG.			
CITY (If outside o	corporate limita, write RUR	AL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)			
OR give neares	t town) SILVER SPI	RING (in this place)	TOWN SILVER SPRING			
HOSPITAL OR			STREET (If rural, give location)			
INSTITUTION OR		ADDRESS 10700 INWOOD AVENUE				
STREET ADDRE						
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE OF	(Month)	(Day) (Year)
(Type or Print)	GEORGE	В.	FARMER	DEATH	MAR	11 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birth	day If under	1 year [If under 24 h
MALE	WHITE	WIDOWED, DIVORCED (Specify) MARRIED	11/20/202021	20.	Months.	Days Hours Min
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State			2. CITIZEN OF WHA
done during most of	corking life, even if retired)	INDUSTRY		n este		COUNTRYZ
BOOK	BEPER	INSURANCE	HYATTSVILLE		1	USA
13. FATHER'S NAM	A CONTRACTOR OF THE PARTY OF TH	A DESCRIP	14. MOTHER'S MAIDE	NAME		
C:	LARENCE B. P.	ARMER	EDNA BRES	SNAHAN		
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESSALV	IN F.	KANABIL
(Yes, no. or unknown)	(If year, give war or dates of	1579-18-3896	1916 Wilson	Blvd. A	ml We	
	1 300 100 110		TOTO WITE	T. Dicker	II. VG	*
		18. MEDICAL CE	RTIFICATION			INTERVAL BETWEE
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND DEAT
	1	toute (DE	snary T	Fromb		One we
Immedia	te cause (a)/	10016	3/14/9	.11 01717	07.7	Bile avec
420 Antocodo	ent cause(s)					1 1
Antecede	int Cause(s)	To =dias	Funtur	0		3 minut
	conditions, if any, (b)			***************************************		
giving rise	to the above cause underlying cause last					
	(c)	= 0	· · · · · · · · · · · · · · · · · · ·			
II. OTHER SIGNIF	ICANT CONDITIONS outing to the death but not	NONE				
	ase or condition causing deat	h.				
19a. DATE OF OPE	ERATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?
						Yes No I
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	
SUICIDE	OF	office bldg., etc.)			(/	(0=11=2)
HOMICIDE	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CUPT		
OF	(Day) (lear) (Hour)	While at Not While	HOW DID INJURI OF	CON		
INJURY	m.	Work At work	1			
		· · · · Mar	1 50 Mar	11.5%		
22. I hereby cer	uly that I attended the	e deceased from	, 19 , to///ar	, 19, t	hat I last s	aw the deceased
alimo an///	ar 9 105/ on	d that death occurred at	E Am from the	o courses and on	the date at	atal aham
SHOWATURE	, 17, all	(Degree or title)	ADDRESS	e causes and on	the date st	DATE SIGNED
	. 0 0	1 ma 1 783	5 Easte	and a	uo -	SINIE GIGINDE
Kend	E (-) all	MW. 526	use Du	an Ma	-/ Ma	-11.155
23. BURIAL, GREA	IATION DATE	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City,	town, or count	ty) (State)
REMOVAL (Spe	CITY) 3/13/51	EIT TIMOT	-		ODODO	00 300
DATE REC'D BY		SIGNATURE	24_ PUNERAL DIRECT	PRINCE GE	ORGES	A PLANTED.
REG.	P7	Salar	16 11 11 71	1.0. 100 2	2901-144	Talina .
March 12/	of The	nce foller	MARCA . UN. TYS	nes Co.	Washingt	Bry D.C.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (HOSTATE		NITTY
7/1	ontgomery	MARYLAND	Virgini	a Alexa	nty andria
CITY (If outside co	rporate limits, write RUR	AL and LENGTH OF STAY	II OB	e limits, write RURAL and	d give nearest town)
TOWN BO	thesda, Rura	1 15" duys (c)	Town Alex	andria	/
HOSPITAL OR			STREET	(If rural, give location	
INSTITUTION OF STREET ADDRESS	s U.S. Nava	al Hospital	ADDRESS 721 S	outh Royal	Street
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Mary	Moncure	FERGUSON	OF DEATH March	14, 195
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9	. AGE last hirthday If un	der I vest ilf under 24 hm
Female	White	WIDOWED, DIVORCED, (Specify) Married	Sept. 17.1913		the Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
done during most of w	Tion life, even if retired)	INDUSTRY	Marylan	d	COUNTRY? US
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
Frank D.	MONCURE		Hallie CH	ICHESTER	
15. WAS DECEASED EV	ER IN U.S. ARNED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND A		
(Yes, never unknown)	(If yes, give war or dates (service)	of	Husband: Joh	n N. FERGUS	ON. Jr.
			RTIFICATION Same a		
I. DISEASES OR CO	NDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
1, 22,02110300 011 00	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Immediate	cause (a)	CARCINOMA, BRI	EAST.	***************************************	7 yrs.
170× Introduction	4				
Anteceden Diseases or c	conditions, if any, (b)				
	the above cause nderlying cause last				
scatting the di	(c)				
II. OTHER SIGNIFIC	CANT CONDITIONS				1
Conditions contribu	ting to the death hut not se or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes X No 🗆
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY OR TO	WN) (COUN	
SUICIDE	OF	office bldg., etc.)			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	UR?	
OF INJURY	m.	While at Not While Work At work			
			0 57 % 74	P9	
22. I hereby certi	fy that I attended the	e deceased from Feb 2	B., 19. D.L., to Mar. 1.4	, 19DL., that I las	st saw the deceased
Olive and Ma	6114 1051 am	d that death occurred at	3:33 Am from the a	augos and on the date	a stated above
SIGNATURE	, 102, 4 1	(Degree or title)	ADDRESS	auses and on the day	DATE SIGNED
(och le	4 ~~~				14 7057
E. K. KIN	G, CDR, MC,	USN U.S. N.	AVAL HOSPITAL	March .	14, 1951
23. BURIAL, CREMA REMOVAL (Speci BUY 1 a	Mar 16,	NAME OF CEMETE	RY OR CREMATORY LO		
Buria	Mai 10			tafford Cou	
DATE REC'D BY I	LOCAL REGISTRAR'S	SIGNATURE.	24. FUNERAL DIRECTOR		ADDRESS
Margaria, 19	DI Elak	Whillenglow	Demaine Fune		Lexandria,
			Winginia u	11,11	



2411 N. Charies Street, Baltimore

112746

CERTIFICATE OF DEATH

o Diet No 215

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Montgomery MARYLAND	STATE District of Columbia	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN Bethesda. Rural (in this rolace)	Town Washington	,
HOSPITAL OR	STREET (If rural, give focation)	
INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	ADDRESS 1501 S Street, S.E.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Frank Livingston	FISHER DEATH March 1	3, ₁₉ 5.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE fast birthday If under 1	year If under 24 hrs
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) MATTIES	Aug 10,1890 60 yrs. 07ths	Bays Hours Min.
10a. USUAL OCCUPATION (Give kied of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even (f retired) USUS Marine Corp	Massachusetts C	COUNTRY? US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frank E. FISHER	Ada MUNSIG	
15. WAS DECRASED EVER IN I.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of Service)	Wife: Frances R. FISHER	
	RTIFICATION Same as Item # 2	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
A. DISEASES ON CONDITIONS DIRECTED BEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) MUDCATOLIS	1 Interction	5 days
420.0		1
Antecedent cause(s) Diseases or conditions, if any, (b)	1 Occhusion	5 days
giving rise to the above cause stating the underlying cause fast		
stating the underlying cause tast	lenotic Ht. Die	20 un
II. OTHER SIGNIFICANT CONDITIONS		715
Conditions contributing to the death but not related to the disease or condition causing death.	& Mellitur	1098
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes X No []
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m, Work At work		
Man 1	2 -051 . Man 13 -051	
22. I hereby certify that I attended the deceased from Mar 1		
alive on Mar 13, 1951, and that death occurred at 1	:15. A.m., from the causes and on the date sta	ted above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
S. M. FOX, III, LTJG, MC, USN U.S	. NAVAL HOSPITAL March :	13. 1951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county	
Burial (Specify) Mar 16,1951 Arlington		, , , , , , ,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
MREG. 13 1057 60-1 1 111-	Simmons Funeral Home, 2007	
mai 10, 1001 talle whatigen	ATTOMIC C F Mochington	7170770

Tryle 3 " Terryle . Winter Tool * -- ** - 0367 CSET contraction test of the contract of the second STREET, A NESTE The second of th BUREAU V. B CONTRACTOR CONTRACTOR THE PROPERTY OF THE PARTY OF TH

2411 N. Charles Street, Baltimore

02747

CERTIFICATE OF DEATH

1. PLACE OF DEATH	TEOMERY	MARYLAND	2. USUAL RESIDENCE (F	OME) OF DECEASED	OUNTY MONIT COMERY
OR give nearest	orporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN BETHE	ate limits, write RURAL	
HOSPITAL OR INSTITUTION OF	BETHES DA, m	0.	STREET	(If rural, give loca	
STREET ADDRE					20,
3. NAME OF DECEASED (Type or Print)	BERTHA	(Middle)	(Last)	4. DATE (Mont	(2017)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	FOUBERT LE DATE OF BIRTH 7-1A	9. ACE lest birthday I II	under I year If under 24 hrs
FEMALE	WHITE	WIDOWED, DIVORCED, (Specify) MARKED	MOVU ICTAT	7.6	Ionths Days Hours Min.
done during most of w	ATION (Give kind of work vorking life, even if retired)	10b. Kind of Business or Industry	11. BIRTHPLACE (State of	r foreign country) FRANCE	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN		
A LITTLE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA C	UNKNOWNI		UNICNO	WM	
	ver In U.S. Armed Forces (If yes, give war or dates of service)		MR. MARCEL L.	ADDRESS	5826 CONMAY RO
	100.1107	18. MEDICAL CE		- TOUBERT	BETH MP
I. DISEASES OR CO	ONDITIONS DIRECTLY		MITTORITON		INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a)	Coronary	Occlusion		Thoses
120. / Anteceder		11	ochusion in Disea	••• •• •••••••••••••• •• ••••••• •• ••••	
Diseases or o	conditions, if any, (b)	Ny perteus	up Disla	0	10400
14 a giving rise to	o the above cause inderlying cause last	av			A
Conditions contribu	(c) CANT CONDITIONS sting to the death but not se or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No P
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COT	UNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby certi	ify that I attended the	e deceased from	, 1950, to Mas 3	Q, 19.571., that I	last saw the deceased
alive on Mad	29, 19.57, an	d that death occurred at3	ADDRESS	causes and on the d	ate stated above.
	olin O. Sele	reclies MD	1716 R.I.	aus N·W	mar 30-5-)
23. BURIAL, GREM. REMOVAL (Spec	ify) 4-2-1			OCATION (City, town, o	or county) (State)
DATE REC'D BY REG. 3.3.	LOCAL REGISTRAR'S	SIGNATURE Lurrach.	S.H. Have	R	ADDRESS
		Q ₂			

BECEIVED

APR 2 1951

The correct age

前

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

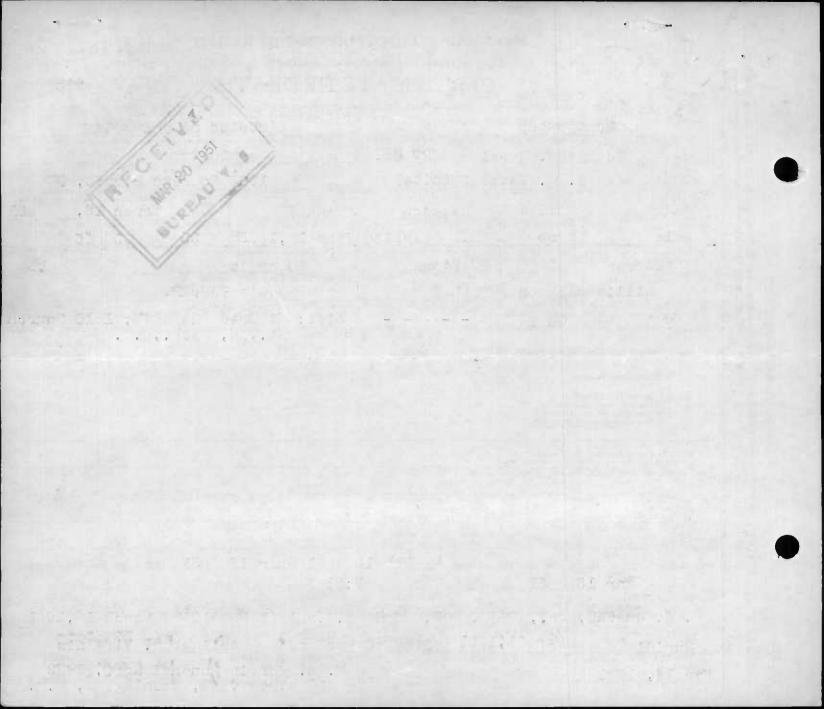
MARYLAND STATE DEPARTMENT OF HEALTH

02748

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HO	MEL OF DECEMBED.	
			t of Columbi	X
Montgomery	MARYLAND and LENGTH OF STAY	Distric	C OI COLUMDI	а
CITY (If outside corporate limits, write RURAI	(in this place)	II OR	limits, write RURAL and gi	ve nearest town)
Town Bethesda, Rura	1 (in 2this place)	Town Washi	ngton	1
HOSPITAL OR		STREET	(If rural, give location)	V
INSTITUTION OR STREET ADDRESS U. S. Nava	l Hospital	ADDRESS 1306	Hopkins Stre	et. NW
3. NAME OF (First)	(Middle)		4. DATE (Month)	(Day) (Year)
DECEASED WITH 7 7 3 4 0	Jackson	FRANKLIN	OF	
(13 po or 11 mily)			DEATH March	
	WIDOWED, DIVORCED.		AGE last birthday If under	1 year House Min
Male Negro	WIDOWED, DIVORCED (Specify) Married	June 10,1895	55 ym. 109 m	Days Hours Min.
	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT
done during most of working life, even If retired)	Various	Georgia		COUNTRY? US
13. FATHER'S NAME	1922000	14. MOTHER'S MAIDEN N	AME	
Willie Jackson FR	ANKI.TN	Hattie H		
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND AL		53.0 GI I
(Yes, no, or unknown) (If yes, give war or dates of service)		Wife: Mildred	I FRANKLIN, I	510 Church
	18. MEDICAL CE	RTIFICATION St., NW,	Wash. D.C.	
I. DISEASES OR CONDITIONS DIRECTLY LI				INTERVAL BETWEEN
		4-1		ONSET AND DEATH
Y	prainous of	Head of Pan	creas	I mo
157× Immediate cause (a)	0	0		
Antecedent cause(s)				
469 Diseases or conditions, if any, (b)	# # # # # # # # # # # # # # # # # # #	10 00°° - 00°00°00°00°00°00°00°00°00°00°00°00°00°		•• •• •• •• •• •• •• •• •• •• •• ••
giving rise to the above cause stating the underlying cause last				
scauling the underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not				
related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FL	NDINGS OF OPERATION			20. AUTOPSY?
				Yes No D
21. ACCIDENT (Specify) PLACE	Home, farm, factory, street,	(CITY OR TOX	WN) (COUNTY)	tion to the state of the state
SUICIDE OF INJUR	office bldg., etc.)			
220112020	NJURY OCCURRED	HOW DID INJURY OCCU	D?	
	While at Not While	NOW DID INJURI OCCU	De l	
INJURY m.	Work At work			
	Thele 7 (E7 . Man 3.5		
22. I hereby certify that I attended the	deceased from F.O.D. 1	2, 19.01, toMar10.	, 1901, that I last a	aw the deceased
alive on Mar 15 151 and	Abot Joseph	7.55 P		
CICATIANTIDII - C	(Dagrana on titla)	ADDRESS	uses and on the date st	DATE SIGNED
SIGNATUREZ/Q. Laves, &	(Degree or title)	ADDINESS		DATE SIGNED
	G, MCR, USNR	U.S. NAVAL HOS	PTTAT. March	16,1951
23. BURIAL, CREMATION DATE THEREOF	I NAME OF CEMETE	RY OR CREMATORY LOC		
Burial (Specify) Mar 21,1	951	37-43 000 7		
Burial	1951 Arlington	Nacional (Ar	lington, Vir	
DATE REC'D BY LOCAL REGISTRAR'S SI	GNATURE	24. FUNERAL DIRECTOR		ADDRESS
Mar 16. 1951 Floid	whitenita)	W. E. Jarvis		
	7	"U" Street,	NW, Washingt	on Dic.



2411 N. Charles Street, Baltimore

02749

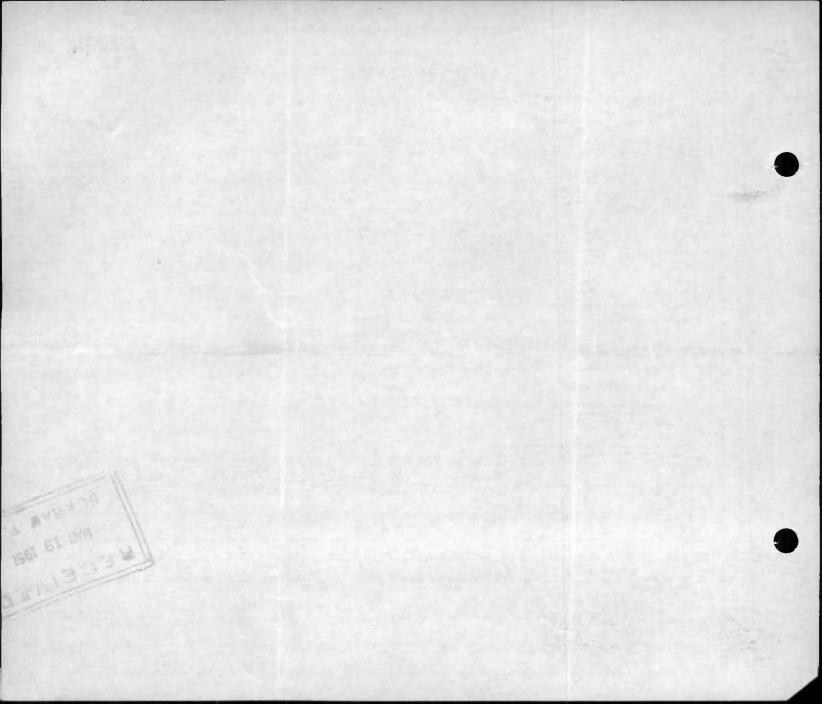
CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND CITY (If outside corporate limits, write RUBAL and LENGTH OF STAY	CITY (If outside corporato limits, write RURAL and giv	e nearest toyn
CITY (If outside co porate limits, write RUBAL and LENGTH OF STAY (in this place)	TOWN / surington	0
HOSPITAL OR INSTITUTION OR Jack. Can.	ADDRESS E. Washington	4
3. NAME OF DECRASED (First) (Middle) (Type or Print) Efficient (Middle)	(Last) 4. DATE (Mooth) OF DEATH Hyarch	(Day) (Year) / Z , 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVERED. (Specify)	8. JATE OF BIRTH 9. AGE last birthday If under Months.	Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business or done during most of working life, even if retired) 11d S C W 11 C	Mt. Jackson, Va.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Kebecca m Baker	han make no Co
15. Was Duckased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service) 16. Social Security No None	Herbert I. Frye-Kensington	Laryland
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- Librillation	INTERVAL BETWEEN ONSET AND DEATH 2 - /- 5/
Immediate cause (a) aurunt	7,0040000	
Antecedent cause(s)		1-1-20
55 Diseases or conditions, if any, (b) // // // // // // // // // // // // //	yroid deliona	7-7-30
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot related to the disease or condition causing death.		00 00 00 00 00 00 00 00 00 00 00 00 00
19a. DATE OF OPERATION 19b. MAJOR FINDING OF OPERATION	1: 200 .	29. AUTOPSY?
3-12.51 longe moliquon //	The alleword Hypris	Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (OUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While IMJURY m. INJURY OCCURRED Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-10-5.	/ 10 to 3-/2-5/10 that I last or	w the deceased
alive on 3-1251, 1951, and that death occurred at	6.1.7. Cam., from the causes and on the date sta	ated above. DATE SIGNED
John Kobben M.D. 7930	Seorgia and Silver Spring,	ud 3.12-51
23. BURIAL, CREMATION DATE REMOVAL (Syrcity) 3/15/51 George Wash		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ington Mem. Prince George C	ADDRESS
REG. 3/13/5/ - 11/1/11. 10/11	KHIGHV A. Turnakruy-P.	lethesda, M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. GIN RESERVED FOR BINDING

The correct age

VS. A15



2411 N. Charles Street, Baltimore

02750

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MOW GOMEYY MARYLAND	STATE Wary land COUNTS	Inca Georg -
OR give nearest town) LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give TOWN W. Running Corporate limits, write RURAL and give to the RURAL and give	e nearest town
HOSPITAL OR LASS - Sala No Siving All Hast	STREET (If gural, give location)	7
INSTITUTION OR Was hington San Marium (2) Hosp STREET ADDRESS Xaxona Paris, md.	ADDRESS 3716 - 35 4 St.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Quarter of May	(Last) 4. DATE (Month) OF DEATH 3	(Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last hirthday If under	- 1
Famala WX. WIDOWED, DIVORCED, (Specify) MANYLL	5-8-1900 50 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
Housawi Ge	1 Washington U.C.	COUNTRIC
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Mudd	Katharine O'hearn.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
service)	Hospital Records-	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
(1)	0+-	
Immediate cause (a) Pulmondry ate	ledaus	* 1500 grid no mp grid an es e patrici quappagagaga no - c - a g
56/3 Antecedent cause(s) Diseases or conditions, if any, (b) Recurrent intesting	I obstruction due to P.O.	
	afferious	
(a) Centricities	as and a same we	
11. OTHER SIGNIFICANT CONDITIONS	assayes, see	
Conditions contributing to the death but not related to the disease or condition causing death.	V	
28 March 1951 Ventral P.O. Lerry of large	and small bowel with terrific adhesion	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office hidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
and last		
22. I hereby certify that I attended the deceased from March 2.	, 1951, to March 3/., 195/., that I last s	aw the deceased
alive on Mary 30, 1951, and that death occurred at	m., from the causes and on the date st	ated above.
SIGNATURE: (Degree or title)	1 P. Che Chi ma	DATE SIGNED
Justred Woodman 5/10 Coexoll	colla. silver pring 1119 mas	ch31,195/
23 BURIAU CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3/3/151 / HIMM NOWA	ralley's Fineral Home In	v.
	3)00-8. Jave Sat. Rainel	wind.



2411 N. Charles Street, Baltimore

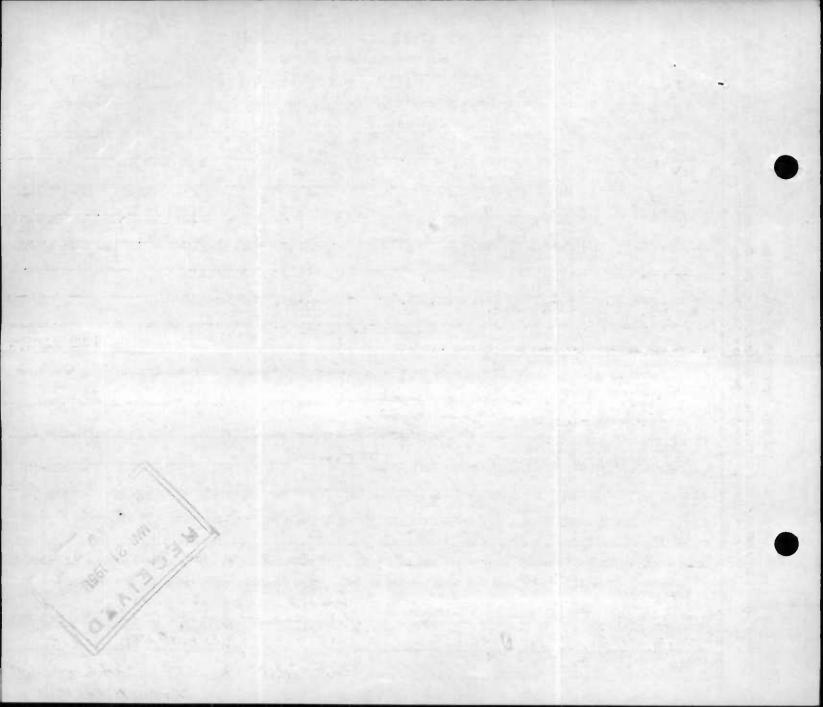
The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY MON GOMENY MARYLAND CITY (If nutside corporate limits, write RURAL and LENGTH OF STAY	STATE D, C. COUNTY
CITY (If nutside corporate limit, write RURAL and LENGTH OF STAY	CITY (If nutside corporate limits, write RURAL and give nearest town)
TOWN (Collycle 2 (in this place)	OR VL V.
HOSPITAL OR (O O O)	STREET (If rural, give location)
INSTITUTION OR Callille Harsings tome	ADDRESS OF
STREET ADDRESS	ADDRESS 820 Com. Urz. 11- St.
NAME OF (Wires) (Middle)	(Last) , 4. DATE (Month) (Day) (Year)
DECEASED HUALA	ALL AGHER DEATH MARCH 18 1951
Type or Print) //// 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr
WIDOWED DIVORCED.	O 4 0 1010 To Months Days Hours Min
EMALE White (Specify) Suldound	
USUAL OCCUPATION (Give kind of work 10b. Kind of Business or me during most of working life, even if retired) INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Housevile Homempler	lew york new york as A
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Dalsh	anne Reilly
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no, or unknown) (if yes, give war or dates of service)	Helen Sullyan, 6825 Brug Branch Rd. New Wach. DC
18. MEDICAL CE	ERTIFICATION
DEGRACIES OF SOMEWICKS DEDUCTED TEADING TO DESCRIP	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
6.10-	Lacola a consect & lac
Immediate cause (a)	
Diseases or conditions, if any, giving rise to the above cause	al scale 27
	al carles occules 7 7
giving rise to the above cause stating the underlying cause last (e)	the same of the same
giving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	The second secon
giving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Torq 120 AUTOPSYS
giving rise to the above cause stating the underlying cause last (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	20. AUTOPSY?
giving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes 🗆 No 💨
giving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No
giving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	Yes No
glving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Yes No T
giving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY (Hour) INJURY OCCURRED While at Not While INJURY OF I	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
giving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY (Hour) INJURY OCCURRED While at Not While INJURY OF IN	(CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY LA Work At work 2. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19 75, to 7 15, that I last saw the deceased
giving rise to the above cause stating the underlying cause last (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (Hour) INJURY OCCURRED OF INJURY INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY INJURY OF INJURY OF INJURY OF INJURY INJURY OF I	(CITY OR TOWN) (COUNTY) Yes No
giving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY (Hour) INJURY OCCURRED While at Not While INJURY OF IN	(CITY OR TOWN) (COUNTY) Yes No
giving rise to the above cause stating the underlying cause last (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 2. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19 75, to 7 15, that I last saw the deceased
giving rise to the above cause stating the underlying cause last (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 2. I hereby certify that I attended the deceased from alive on 19 and that death occurred at SIGNATURE (Degree or title)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19. F., to
giving rise to the above cause stating the underlying cause last OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY OCCURRED While at Not While INJURY OF INJURY 2. I hereby certify that I attended the deceased from alive on 19 and that death occurred at SIGNATURE (Degree or title) BURIAL, CREMATION 195TE THEREFF NAME OF CEMETE	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19 7, to 10 1, 19 1, that I last saw the deceased ADDRESS DATE SIGNED ERY OR CREMATORY LOCATION (City town, or county) (State)
giving rise to the above cause stating the underlying cause last (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 2. I hereby certify that I attended the deceased from alive on 19 and that death occurred at SIGNATURE: BURIAL (CREMATION 19 TE THERESF NAME OF CEMETE REMOVAL (Sective)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19 7, to 10 1, 19 1, that I last saw the deceased ADDRESS DATE SIGNED ERY OR CREMATORY LOCATION (City town, or county) (State)
giving rise to the above cause stating the underlying cause last (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY OF OFFICE (Hour) INJURY OCCURRED While at Not While I. AL Work At work I. AL Work At work A Work At work I. BURIAL, CREMATION DEFE THEREOF NAME OF CEMETE REMOVAL (Specify) A REMOVAL (Specify)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19 7, to 10 1, 19 1, that I last saw the deceased above. DATE SIGNED ERY OR CREMATORY LOCATION (City, town, or county) (State)
giving rise to the above cause stating the underlying cause last (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. A. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 2. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19
giving rise to the above cause stating the underlying cause last (c) 1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 1. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (HOMICIDE INJURY) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on 19 and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION 19 TE THERE F NAME OF CEMETE REGOBY A CONTRACTOR OF CEMETE REGOBY A CONT	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

()2752 Reg. Dist. No...2/6

I. PLACE OF DEATH- COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MONTGOMERY	V
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give near thank) established a Simple of Stay of of	CITY (If outside corporate limits, write RURAL and give OR TOWN Bethesda	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS. HOME	ADDRESS 5107 Willard Ave.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) MAMIE D. GAR1 5. SEX 16. COLOR OR RACE 17. SINGLE, MARRIED.		12, 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under 14 Aug. 1902 48 yrs. Memths.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE HOUSEWIFE	Nelson Co., Virginia	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-6-
John W. Willis	Annie M. Stevens	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (H year, give war or dates of NONO	S.L. Gardner Bethesda, Md	
	3001.05dtg 1d	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary T	uluxuloris	15 YEARS
Antecedent cause(s)		
13 Diseases or conditions, if any. (b)		
giving rise to the above cause stating the underlying cause last	The second secon	77 90 00 000000000000000000000000000000
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		***************************************
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from O.S.		
alive on MARCH 12, 1951, and that death occurred at 6. (Degree or title)	15 Pem., from the causes and on the date sta	ted above.
VI. + & auce M.S. 106	200 (8-0	
23. BURIAL, CREMATION DATE CREMOVAL (Specify) 3/15/51 Ceder Hill	CY OR CREMATORY LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EDNERAL DIRECTOR Md.	ADDRESS
REG. 3-13-51 / fellen Kurvach	Nobert W. Kumphrey Bethes	
Q		

RECEIVED

MAR 15 1951

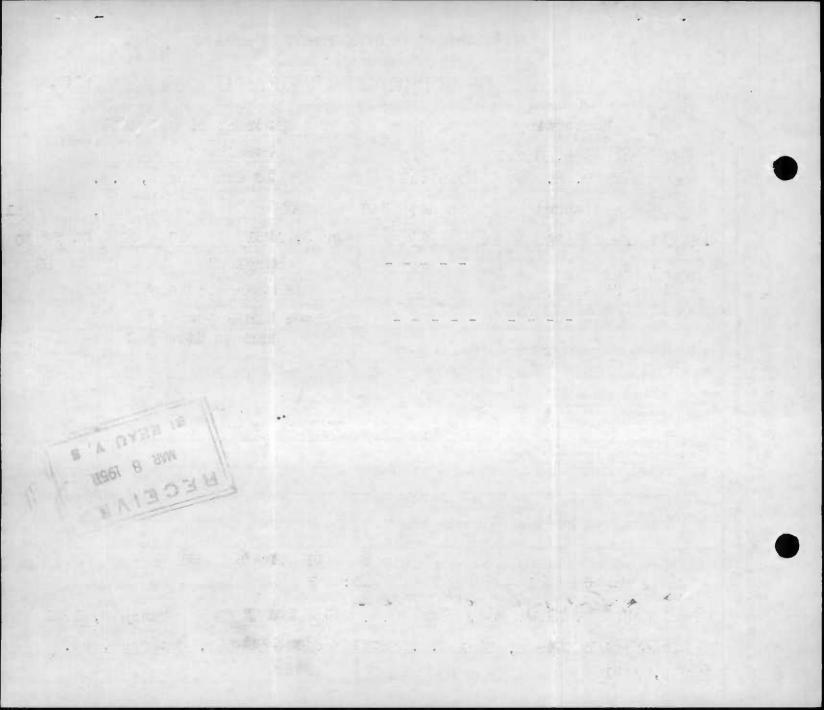
BUREAU V. S

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02754

1. PLACE OF DEATH- COUNTY Montgomery MARYLAND		
MONUROMET'Y MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE District of Columbia	Y
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give	
TOWN Bethesda, Rural I day	TOWN Washington	ro dearent coway
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	ADDRESS 10 6th Street, N.E	• ٧
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) (none) (none) "A"	GENARIE DEATH March 5	, 19 51
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	1 8. DATE OF BIRTH 1 9. AGE last birthday 1 If under	I year Ilf under 24 hrs
Female White Widowed, Dworced, (Specify) Single	Mar 5, 1951 00 yrs. 00 ths	00 1º8 30.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country) Maryland	COUNTRY? US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Elmer GENARIE	Helen Bernett QUINTANO	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, new or unknown) (If yes, give war or dates of service)	Father: Elmer GENARIE	
18. MEDICAL CE	ERTIFICATION Same as item # 2	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Damo ab Loom If S	INTERVAL BETWEEN ONSET AND DEATH
(2-2	1	Oliver Mile Danie
Immediate cause (a)		
7/25 1111	h. the	_
Antecedent cause(s) Diseases or conditions, if any, (b)	isis persustent	
150 giving rise to the above cause		********************************
stating the underlying cause last	Trees for	
(c)	many	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	/	-
related to the disease or condition equality death.		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
related to the disease or condition causing death.		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	: (CITY OR TOWN) (COUNTY)	Yes X No 🗆
related to the disease or condition causing death.	(CITY OR TOWN) (COUNTY)	Yes X No 🗆
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes X No 🗆
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While		Yes X No 🗆
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?	Yes X No []
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	Yes X No []
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY OCCURRED (Work Not While at Not While at Not While at Not Work At work 22. I hereby certify that I attended the deceased from Mar 5	HOW DID INJURY OCCUR? 19.51, to Mar. 5, 1951, that I last s	Yes No O (STATE)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While m. Work At work 22. I hereby certify that I attended the deceased from Mar 5	HOW DID INJURY OCCUR? 1951, to Mar 5, 1951, that I last s 0:45 P m., from the causes and on the date st	Yes No O (STATE) aw the deceased ated above.
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY OCCURRED (Work Not While at Not While at Not While at Not Work At work 22. I hereby certify that I attended the deceased from Mar 5	HOW DID INJURY OCCUR? 19.51, to Mar. 5, 1951, that I last s	Yes No O (STATE)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from Mar 5 alive on Mar 5 1951 and that death occurred at SIGNAPURE. Paul KAUFMAN, LTJG, MCR, USNR U.S.	HOW DID INJURY OCCUR? 19.51, to Mar. 5, 1951., that I last so the causes and on the date st NAVAL HOSPITAL March 6	aw the deceased ated above. DATE SIGNED
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork Not While Mork At work 196 22. I hereby certify that I attended the deceased from Mar 5 alive on Mar 5 and that death occurred at SIGNAPURE. Paul KAUFMAN, LTJG, MCR USNR U.S. 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	HOW DID INJURY OCCUR? 19.51, to Mar. 5, 1951., that I last so the causes and on the date st ADDRESS. NAVAL HOSPITAL March 6 ERY OR CREMATORY LOCATION (City, town, or coun	aw the deceased ated above. DATE SIGNED 1951 ty) (State)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork Not While Mork At work 196 22. I hereby certify that I attended the deceased from Mar 5 alive on Mar 5 and that death occurred at SIGNAPURE. Paul KAUFMAN, LTJG, MCR USNR U.S. 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	HOW DID INJURY OCCUR? 19.51, to Mar. 5, 1951., that I last so the causes and on the date st ADDRESS. NAVAL HOSPITAL March 6 ERY OR CREMATORY LOCATION (City, town, or coun	aw the deceased ated above. DATE SIGNED 1951 ty) (State)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work 100 Mork 100 More 100 Mork 100 Mo	HOW DID INJURY OCCUR? 19.51, to Mar. 5, 1951., that I last so the causes and on the date st NAVAL HOSPITAL March 6	aw the deceased ated above. DATE SIGNED 1951 ty) (State)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from MAY 5 alive on MAP 5 , 1951 and that death occurred at SIGNAPURE Paul KAUFMAN, LTJG, MCR USNR U.S. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DISDOSI LION MAP 6 1951 U.S. NAVA	HOW DID INJURY OCCUR? 19.51, to Mar. 5, 1951., that I last so the causes and on the date st ADDRESS. NAVAL HOSPITAL March 6 ERY OR CREMATORY LOCATION (City, town, or count 1 Medical School, Bethesda,	aw the deceased ated above. DATE SIGNED 1951 ty) (State) Md.



of information carefully. death clearly and legibly. MARGIN RESERVED FOR BINDING Supply every item write the causes of o INK. UNFADING t. Physicians: PLAINLY, WITH is especially importan

WRITE

PLEASE

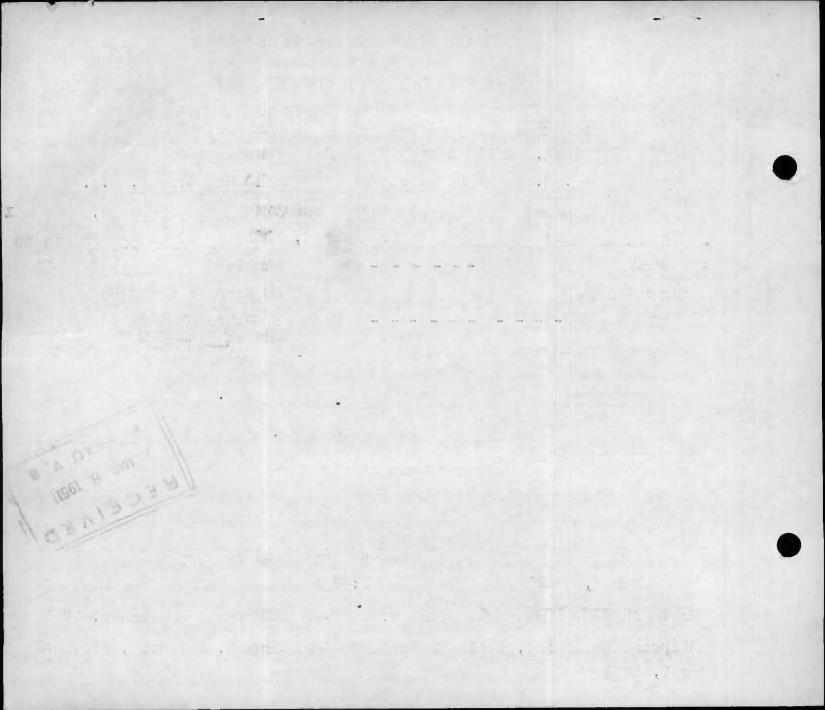
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12753

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Montgomery STATE District of Colembia MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) Bethesda, Rural LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) 1 (in this place) Washington TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS U. S. Naval Hospital 6th Street. N.E. STREET ADDRESS 3. NAME OF (Middle) (Last) (Month) (Day) (Year) DECEASED "B" GENARTE DEATH March 6. none none (Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWEDS DIVORCED, (Specify) SINGLE 5. SEX 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs Months Days Hours Min. Mar 5, 1951 Male 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen Bernett QUINTANO Elmer GENARIE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Elmer GENARIE Father: 18. MEDICAL CERTIFICATION Same as item # 2 INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 762, 5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No [21. ACCIDENT PLACE (Home, farm, factory, street, OF office bidg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work 22. I hereby certify that I attended the deceased from Mar 5, 1951, to Mar 6, 1951, that I last saw the deceased 1951 and that death occurred at 1:45 A m., from the causes and on the date stated above. alive on Mar ADDRESS March 6. 1951 USNR U.S. NAVAL HOSPITAL 23. BURIAL CREMATION DATE THEREOF REMOVAL (Specify)
DISPOSITION Mar 6. 19 NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) US Naval Medical School, Bethesda, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS None



ally. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

()2755 Reg. Dist. No. 214

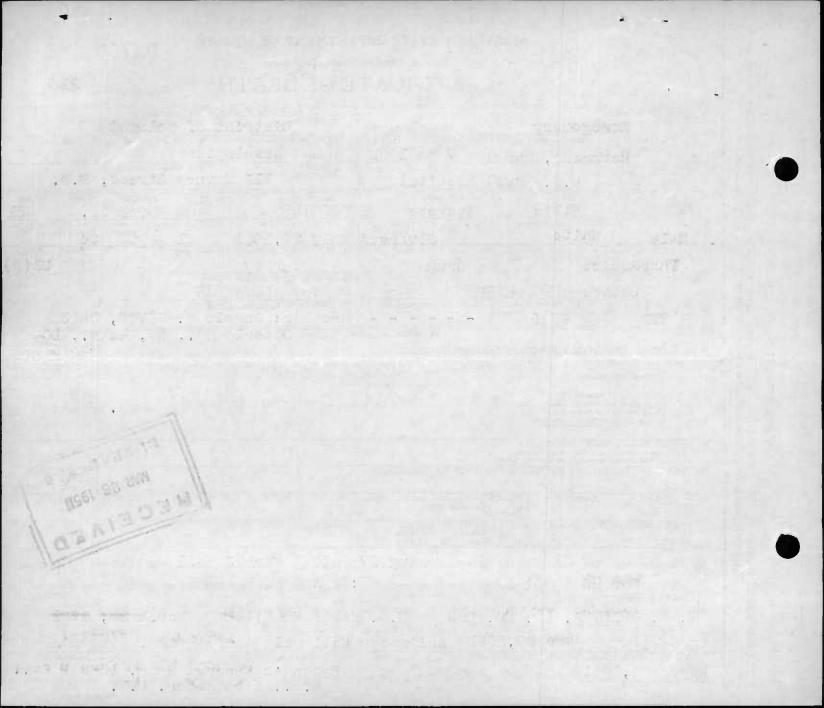
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Montgomery MARYLAND	STATE Maryland Montgomery
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Silver Spring (in this place)	II OB
HOSPITAL OR	TOWN Silver Spring STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 8435 Piney Branch Court	
	8h35 Piney Branch Court
DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) MARY JANE GILDEA	DEATH March 21 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED, (Specity) ULOWED	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Aug. 14. 1877 73 yrs. If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Housewile working life, even if retired) Lydustry Own home	Massachusetts CounTSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	Unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESSMr. James Gildea
(Yes, no, or unknown) (If yes, give war or dates of none	4117 3rd Rd., North, Arlington, Virginia
18. MEDICAL C.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Caracac Alexa	heart disease 6 years
440 X Antondart appropria	
Antecedent cause(s) Diseases or conditions, If any, (h)	. Teart disease 6 years
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	11 2/- 1 -1
22. I hereby certify that I attended the deceased from 1/126	19.46, to 3/7/, 19.5/, that I last saw the deceased
alive on	ADDRESS from the causes and on the date stated above.
//-	01-14th Sr NW Wash. SC.
	Conception LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE CEMELET	
REG. 3/23/51 Frances Latter	Warner & Tumphrey 8434 Ga. Ave., Silver Spring
- 1 / J.	Maryland
	wat y tail

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02759

1. PLACE OF DEATH	<u> </u>		2. USUAL RESIDENCE		
COUNTY	ntgomery	MARYLAND	STATE Distr	ict of Colu	MOIA COUNTY
	orporate limits, write RUR.	AL and LENGTH OF STAY	OR VIII - 12	rate limits, write RURA	L and give nearest town)
TOWN Be	thesda, Rura	7 mo 1 Wk	TOWN Wash	ington	
HOSPITAL OR INSTITUTION OF	9		STREET ADDRESS 7777	(If rural, give loo	eation)
STREET ADDRES	ss U.S. Nava	al Hospital	1 2211	Quincy Str	eet, N.W.
3. NAME OF DECEASED	(First)	(Mlddle)	(Last)	4. DATE (Mor	ntb) (Day) (Year)
(Type or Print)	Ellis		YCOFRIDES	DEATH MAP	ch 23, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year If under 24 hrs Mouths Days Hours Min.
Male		WIDOWED DIVORCED, (Specify) DIVORCED, 10b. KIND OF BUSINESS OR		61 yrs. 1	
done during most of w	ATION (Give kind of work cooking life, even if retired)	Industry Drug	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	IST E	Drug	Turkey	NAME	US (N
	ace GLYCOFR	רחדים	Mary ALEX		
		7 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown)	(If yes, give war or dates of leervice)	of	Brothen. An	CATO F CIV	CO. 2853
	ibet vice) as as	18 MEDICAL CE	RTIFICATION Ontar	TO BY NIM	Wash DC
T DISPLOYED OF CO	ONDITIONS DIRECTLY	TEADING TO DESCRIP	A CONTRACTION OFFICE	To Mas, Mills	INTERVAL BETWEEN
I. DISEASES OR CC	MUITIONS DIRECTLI	LEADING TO WEATH	41		ONSET AND DEATH
Immediate	e cause (a)	Prom Coverion) bunge	∰ # ♥ 0 70 7 × 0 00 00 00 00 00 00 00 00 0 0 0	
1814 Autonolou	4 camaa(a)	T. 10	4 /	00 10.	
	ronditions, if any, (b)	from Corlling	al Herrory 1	The season	77 00 00 00 100 100 100 100 100 100 100
52 giving rise to	the above cause inderlying cause last				
	(c)				
	CANT CONDITIONS				
	iting to the death but not se or condition causing deat	h.			
19a. DATE OF OPE	RATION 19b. MAJOR I	INDINGS OF OPERATION			20. AUTOPSY?
					Yes No 🗆
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, atreet, office bldg., etc.)	(CITY OR	TOWN) (Co	OUNTY) (STATE)
HOMICIDE	INJU	RY			
TIME (Month) OF	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OF	CUR?	
INJURY	m.	Work At work	1		
22 I haraby carti	ify that I attended the	deceased from Aug. 17	1950 to Mar	23 1951 that 1	I leat saw the deceased
alive on Mar	23 , 1951 an	d that death occurred at 6	300 A.m., from the	e causes and on the	date stated above.
SIGNATURE	- N. (V. 115	(Degree or title)	ADDRESS		DATE SIGNED
T. N. QUI	LITER LT. MO	C, USN U.S.	NAVAL HOS PIT.	AL March	23, 1951
23. BURIAL CREM	ATION DATE THERE	F NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town,	or county) (State)
Burial (Spec	Mar 27,]			Arlington,	Virginia
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT		ADDRESS
March 23,1	1951 Eleck	whalesole			, 1300 N St.,
			N.W., Wa	shington, D	.0.///
				093	603111 98



VS. A15

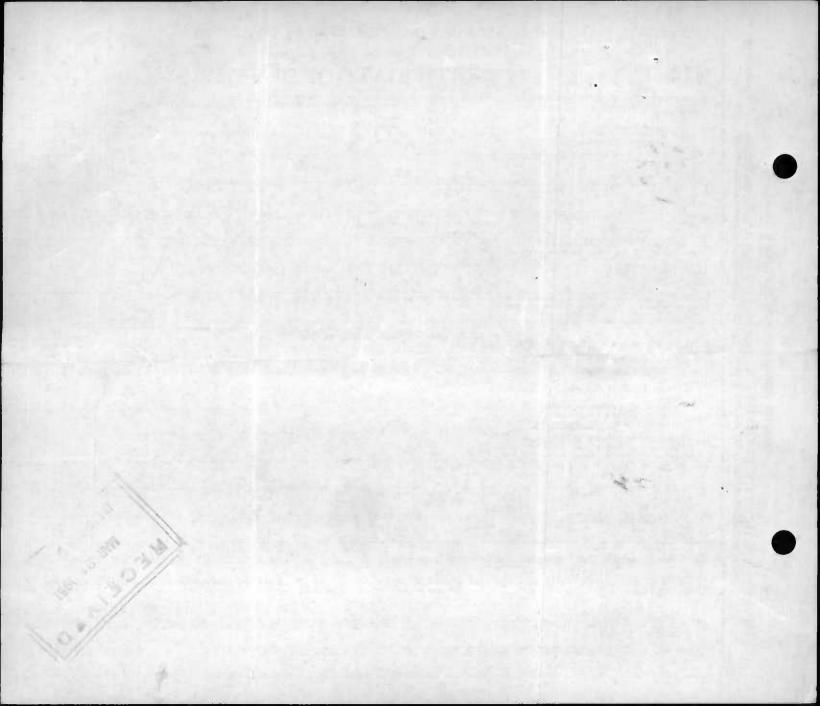
The correct age

Evidence for additions MARYLAND STATE DEPARTMENT OF HEALTH 2 å shown on: 2411 N. Charles Street, Baltimore

02756

13.1 MAR 29 19 CERTIFICATE OF DEATH G

1. PLACE OF DEATH- COUNTY Mouls owery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	ntones	
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY (in Elis place) TOWN	CITY (If outside corporate finits, write RURAL and giv	re nearest town)	
HOSPITAL OR INSTITUTION OR 8/8 Conn. Cone.	STREET (If rural, give location)	re.	
3. NAME OF DECEASED (First) (Middle) (Type or Print) (EORGE	(Last) 4. DATE (Month) OF DEATH March	(Day) (Year) /7 19 \(\)	
5. SEX 6. COLOR OR RACE CWIDOWED, DIVORCED, (Specify)	SOUNCE 17 1874 9. AGE last birthday If under Months.	l year H under 24 hrs Days Hours Min.	
done during most of vorting life, even if retired), Linustry Linustry	Washing M.C.	COUNTRY! WHAT	
William Goddaere	Cladberthe Holis	an	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	17. TOFFORMANT AND ADDRESS		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Leurs	ntification	INTERVAL BETWEEN ONSET AND DEATH	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	sclernis & arterial by Lestenson.	Tys.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No M	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from man, 1950, to Man, 1950, that I last saw the deceased alive on man, 1950, and that death occurred at man, from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county). (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 3/9/5/ REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS AD			
	290679	9 1.00.	



2411 N. Charles Street, Baltimore

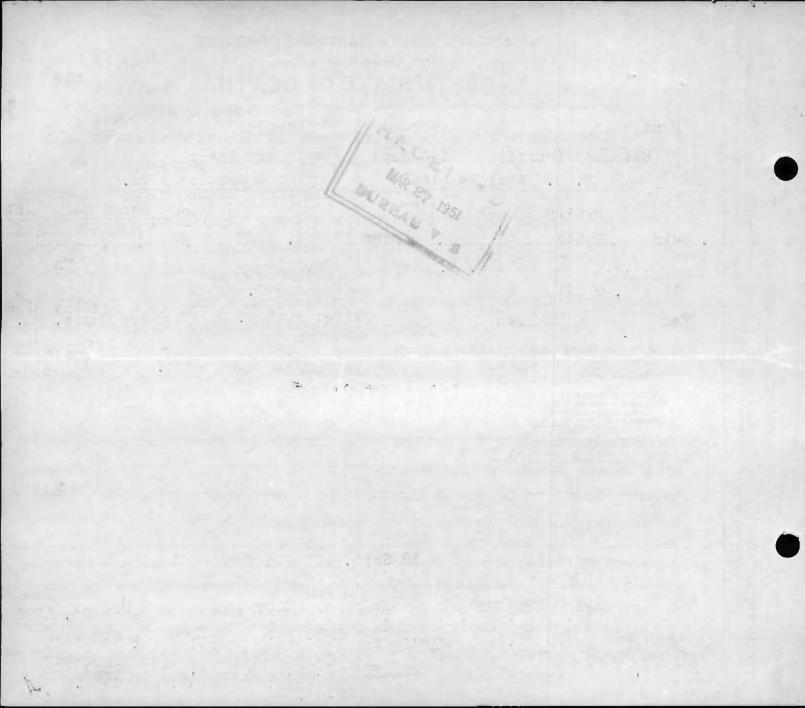
CERTIFICATE OF DEATH

12757

Reg. Dist. No.....

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Montgomery Maryland	STATE Maryland Montgomery	
OR give nearest town LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town) OR	
Town Bethesda (rural) 193 days	TOWN Chevy Chase	
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural, give location)	
	ADDRESS4806 Bradley Blvd.	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)	
(Type or Print) JOSEPH Wright GRANT	DEATH MEI'CH 24 1951	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	S. DATE OF BIRTH 9. AGE isst hirthday If under I year If under 24 hrs. 12 Oct. 1907 43 yrs. If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
done during most of working life, even if retired) Inpustry Navy	Georgia	
IS. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Wiley C. GRANT	Eunice C. DAVIS	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 4806 Bradley Blvd	
(Yes, no, or unknown) (If yes, give war, or dates of Yes service) unknown	Wife: Ruth L. GRANT Chevy Chase, Md.	
YOS service) UNKNOWN 18. MEDICAL CE	Oliot, Oliobo, Mai	
	INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE	
Immediate cause (a) GRCINOMA OF T	HE RECTUM WITH GEN- 7 MONTHS	
54x ERALIZED ME	TASTASES	
Antecedent cause(s)	1.37,4343	
Diseases or conditions, if any, (b) giving rise to the above cause	255	
to a stating the underlying cause last		
(c)	<u> </u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
	Yes 🛣 No 🗆	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	L 50 04 W 1 53	
22. I hereby certify that I attended the deceased from LZ Sep	t, 19 50, to 24 March19 51 that I last saw the deceased	
alive on 24 March 1951, and that death occurred at O	720 Am from the severe and on the data statuted	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED	
Villa Vidus Won		
	NAVAL HOSPITAL March 24, 1951	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or county) (State)	
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE Mar 27,1951 Arlingto	n National Arlington, Virginia	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE:	24. FUNERAL DIRECTOR ADDRESS	
Mar 24, 1951 Elech whether	R. A. Pumphrey, 7557 Wisconsin	

Avenue, Bethesda,



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

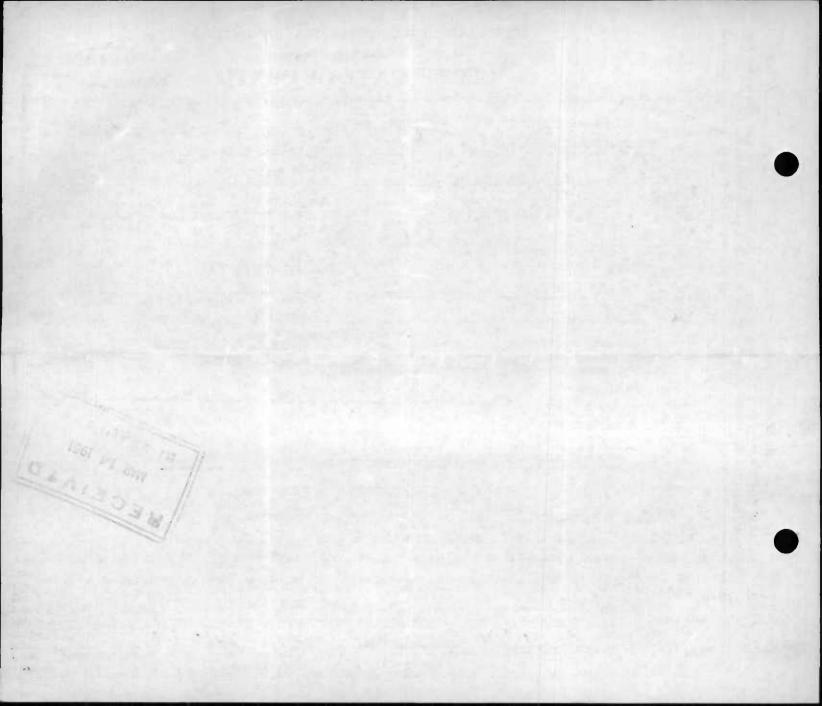
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02758

CERTIFICATE OF DEATH

COUNTY A.	STATE M. O A	YAOI
COUNTY MONTGO MERY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	VINGINIA	AKL.
OR give nearest town)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
OR give nearest town) 7/6/5 JORING 7 (in this place)	TOWN ARLLWATON.	,
HOSPITAL OR	STREET (If rural, give location)	/
STREET ADDRESS // PHILCADELPHIA AVE	ADDRESS 812 S. ORME ST	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) GEORGE BENTON	GRIER. OF DEATH March	10, 1951.
FEMALE WHITE 7. SINGLE, MARRIED, DIVORCED, (Specify) WIDOWED	11 MIP 10 0 yrs.	Days Hours Min.
10n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) ATLANTA GA	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOHN WINECOOP MURRAY	ARUILLA	LNG
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) [(II year, give war or dates of	17. INFORMANT AND ADDRESS . \$12 5. 0	AME ST
No service) NO U	ELIZABETH BICKEL	ARL VA.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Consider Co	Hemorrhage.	INTERVAL BETWEEN ONSET AND DEATH 39 days.
33/x	**************************************	
		1
arterio-scler	ours with Hypertension.	Indefinite
Diseases or conditions, if any, (b) arterio - scler	osis with Hypertension	Indefinite
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ssis with Hypertension	. Indefinite
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	ssis with Hypertension	Indefinite
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ssis with Hypertension	Indefinite
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	ssis with Hypertension	20. AUTOPSY?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	(CITY OR TOWN) (COUNTY)	Yes No No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED		Yes No No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY)	Yes No No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY At work	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? (1951, to 200.10, 1951., that I last s	Yes No X (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT OF office bidg., etc.) SUICIDE OF office bidg., etc.) INJURY OF OFFICE INJURY OCCURRED While at Not While work At work 22. I hereby certify that I attended the deceased from At work alive on Mark. 9, 195/, and that death occurred at	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? (1951, to 200.10, 1951., that I last s	Yes No No No (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While work At work 22. I hereby certify that I attended the deceased from alive on 19 miles of the deceased from SIGNATURE (Degree or title)	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 1957, to 200, 1957, that I last a standard on the date standards	Yes No X (STATE) saw the deceased tated above. DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Work At work 22. I hereby certify that I attended the deceased from At work alive on Attended the deceased from SIGNATURE (Degree or title)	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 1951, to 200.10, 1951, that I last a standard on the date standard on the date standard of the	Saw the deceased sated above. DATE SIGNED 3/10/51
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Work At work 22. I hereby certify that I attended the deceased from alive on 19a. 19a., and that death occurred at 19a. 19a. 19a. 19a. 19a. 19a. 19a. 19a.	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? (M., 195/, to 200), 195/, that I last a second on the date st ADDRESS ADDRESS (CEMETARY LOCATION (City, town, or county) (CEMETARY WASH & C.	Saw the deceased sated above. DATE SIGNED 3/10/51
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY OF office bidg., etc.) INJURY INJURY OCCURRED While at Not While Work At work 22. I hereby certify that I attended the deceased from work At work 23. BURIAL CREMATION DATE (Degree or title) 23. BURIAL CREMATION DATE REMOVAL (Specify) DATE RECOD BY LOCAL REGISTRAR'S SIGNATURE	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 1951, to 200.10, 1951, that I last a standard	Yes No M (STATE) Saw the deceased sated above. DATE SIGNED 3/10/51.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Work At work 22. I hereby certify that I attended the deceased from alive on 19a. 19a., and that death occurred at 19a. 19a. 19a. 19a. 19a. 19a. 19a. 19a.	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 1957., to 200.10, 1957., that I last standard and the date stand	Saw the deceased sated above. DATE SIGNED 3/10/51



02760

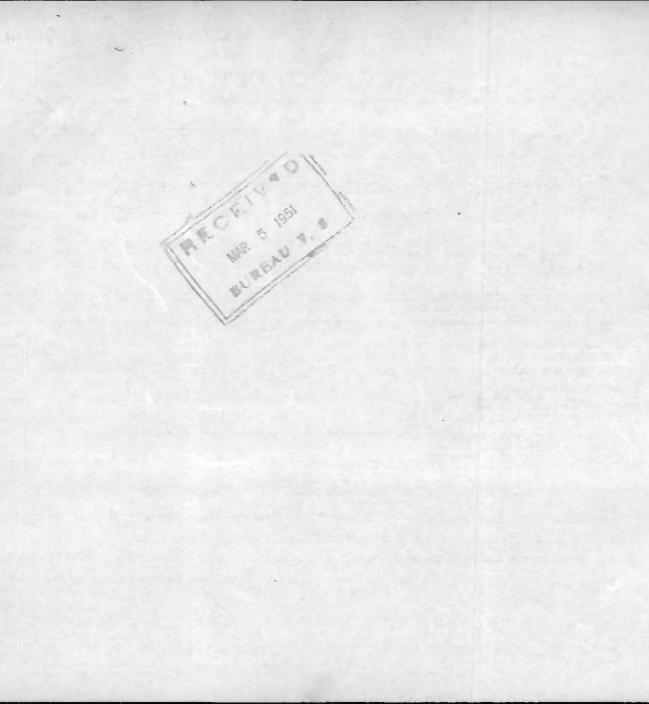
2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. N	•23
1. PLACE OF DEATH- COUNTY On Long MARYLAND CITY (If outside corporus limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and gi	famery
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Hospitel	STREET ADDRESS 52 0 7 Schrider	54.
3. NAME OF DECEASED (First) (Middle) (Type of Print) 5. SEX 6 COLOR OR RACE 7. SINALE, MARRIED,	(Last) 4. DATE (Month) OF DEATH 3 S. DATE OF BIRTH 9. AGE last birthday II under	(Day) (Year) 2 19 1 year If under 24 hr
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, Expectly) / Green 10a. USUAL OCCUPATION (Give kind of work done during poor of working life, eyen if retired) 10b. Kind of Business or Industry	1-11/1/	Days Hours Min
13. FATHER'S NAME Jeorge Cobests.	14. MOTHER'S MAIDEN NAME	ee.
15. Was Decrased Ever In M.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) 11 yes, give war or dated of	17. INFORMANT AND ADDRESS Learl	S
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ertification (/	INTERVAL BETWEE ONSET AND DEAT
Immediate cause Antecedent cause(s)	Occlusion	13 day
940 Diseases or conditions, if any, (b) 200 Carp giving rise to the above cause stating the underlying cause last (c) (c)	cleracio	18 + year
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	NEOTHER MEDICAL PROPERTY.	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	9,, 1947, to MM. 2, 195/, that I last	saw the deceased
alive on 1931, and that death occurred at SIGNATURE (Degree or title)	ADDRESS	dated above.
ReviewAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or coun	nty) (State)
DATE REC'D BY LOCAL KEUNTKAR SIGNATURE REG. 3/1/57 L. Wan DOOL	24 FENNERAL DIRECTOR 2901-14th	ADDRESS A
	- Wa	vh. De.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and beibly. MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH- COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	y
CITY (If outside supports limit write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write BURAL and gi	
CITY (If outside sporate limit write RURAL and OR give hearest town) OR STAY OR ST	TOWN Edmonston Ind	vo Gentest towny
HOSPITAL OR INSTITUTION OR STREET ADDRESS GAR Creek Hoven Rest Home	STREET ADDRESS 4403 - 49 arc	
3. NAME OF DECEASED (Type or Print) ORA PLUMA NEI	- The state of the	(Day) 28 (Year) 28 19 1
Temale white Specify harrist	Nov 24, 1898 9. AGE last hirthday If under Months	f year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of writing life, even if retired) IOb. Kind or Business on Industry	II. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
albert 2. J. saville	14. MOTHER'S MAIDEN NAME	~ /
15. WAS DECRASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Juse & Hershwan Umon	stored
18. MEDICAL CE	Brification	I Place of the second
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Acute Vingenson la	12 faction	6.600
Immediate cause (a) Acu le Muyo cars a	x Jujuwi.vv	7
giving rise to the above cause	ar terio velerotic landio varcular	Years
13d stating the underlying cause last (c) Sizease		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Vycars
192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		Yes No E
21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	Seed Seed
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct.	1050 - March 38 105' 12-151-1	A1 - 1 1
alive on Marsh 24, 19 %, and that death occurred at (Degree or title)	ADDRESS and on the date st	tated above.
Ruralof S. Flesselman Sysell	neces Chapel Rot Hyatton le lung	3/29/51
23. BURIAL CREMATION DATE THEREOF NAME & CEMETER REMOVAL (Specify) 3/30/5/ Circlington	ASUNAL LICATION (City town, or country of Colleges)	ty) (State)
DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE	24. FUNITAL DIRECTOR TO VISITES	relle h

MARGIN RESERVED FOR BINDING

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15



The state of the s

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02762

CERTIFICATE OF DEATH

Reg. Dist. No. 2/4

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	7 /
COUNTY Monta omery MARYLAND	STATE Plane oud Think	Laomery
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR give nearest town (In this place)	TOWN Maring lone	1
HOSPITAL OR	STREET (Mrufal, give location)	11
INSTITUTION OR STREET ADDRESS	ADDRESS // It. Taltime	ne st.
3. NAME OF (First) (Mjddle)	(Month)	(Day) (Year)
(Type or Print) halled Tiennea.	1/dles DEATH March	8 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	BDATE OF BIRTH 9. AGE last birthday If under	1 year Il under 24 hrs.
Female Inhite (Species) Wildowed	June 16 1877 73 yrs. Months.	Days Hours Min.
16a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on		CITIZEN OF WHAT
done during most of working life even if retired) INDUSTRY	duray Virginia VI	Country? anu:
13. FATHER'S NAME	MOTHER'S MAIDEN NAME	11
Gilbert M. Linkle	(mandy Thelemin Ta	eldos)
15. WAS DECRASED EVER IN U.S. ARMED PERCES? 16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS 10	
(Yes, no, or unknown) (If year, give war or dates of service)	Theleenin It. Durly	ulo.
		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Diseases of conditions bindottal bindottal	6/-	ONSET AND DEATH
Immediate cause (a) Ocretral	Nenorrhage	a Mond
331×	Kenorrhoge artera deleron	
Antecedent cause(s)	Ritar - Baller	2. 2/44
Diseases or conditions, if any, (b)	anua delesses	2- 7911
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		***************************************
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No No (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(0111 011 10 111)	(DIAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	2/	
22. I hereby certify that I attended the deceased from	, 1957, to 7/9, 1957, that I last s	aw the deceased
*/		
alive on	ADDRESS from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	25 - B / 1 M D D D	DATE SIGNED
Will araron mo. 8	31 Doryan St /debus hom	9/8/51
23. BURIAL CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, program	y) (State)
REMOVAL (Specify) March 10 Mero Man	ket o. now marke	Yea.
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3/9/51 Frances Letter	Mulburn 1. Just	le
	1 rd.	PONNE
	- 0/0.	1000

INS 13 1951

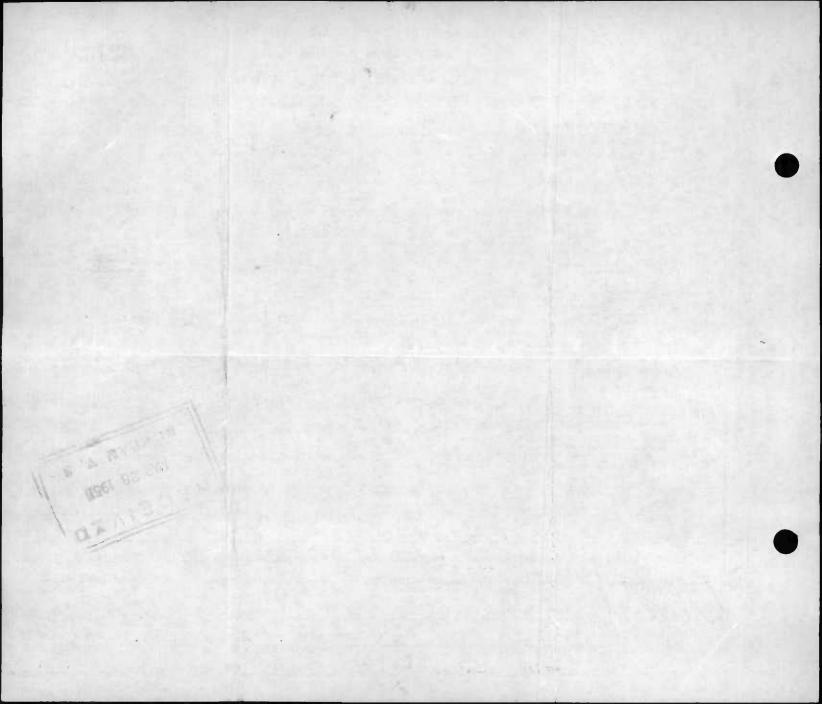
2411 N. Charles Street, Baltimore

02763

CERTIFICATE OF DEATH

Reg. Dist. No....21.6.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
MONT GOMERY MARYLAND	Marryland Montgomery
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Carderock Life	TOWN Carderock
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS HOME	Bethesda, R.F.D.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type of Print) Alexander NMI	Hill DEATH March 19. 1951
5. SEX 16. COLOR OR RACE 7. SINGLE, MARRIED,	1 8. DATE OF BIRTH 1 9. AGE last birthday If under 1 year ill under 24 hrs
Male White WIDOWED, DIVORCED (Specify) DIVORCED	17 Oct. 1865 85 yrs. Months. Days Hours Min.
done during most of working life, even if retired) INDUSTRY.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) INDUSTRY Laborer	1 Maryland US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Hill	Unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of None	David W. Hill Arlington, Va.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	neumonia 3 weeks erosis — 2 years to take nourishment 8 weeks 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
alive on McL. 19th., 195, and that death occurred at Signature 23. Horial, Cremation Date REMOVAL (Specify) Bill 18 Date Reco by Local REGISTRAR'S SIGNATURE REG3-21-51	ADDRESS ADDRESS TO ATE SIGNED TO
# Hillen Kurgach	Trought Bethesda, Md.



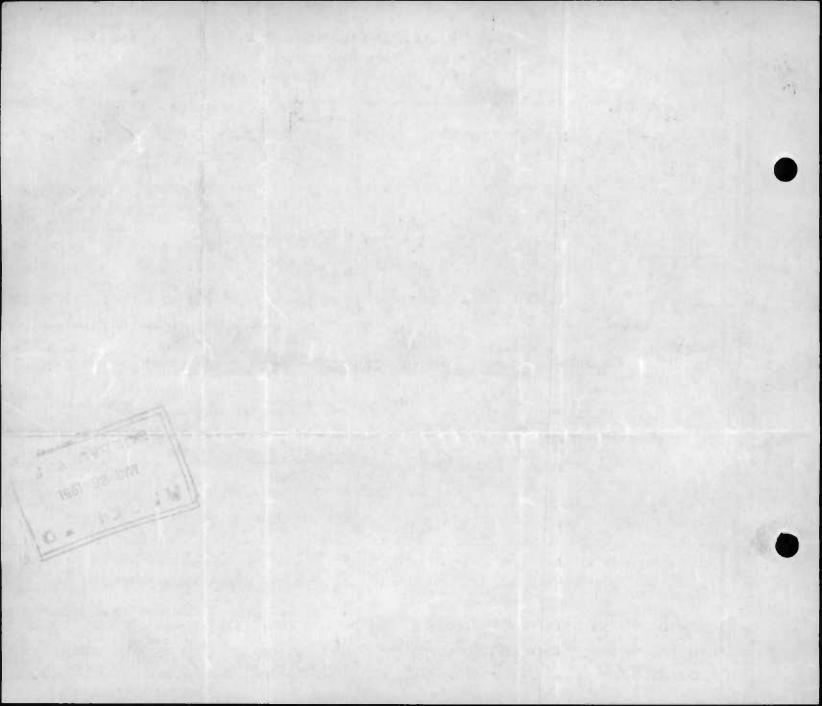
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF RECEASED.
MARYLAND MARYLAND	Mare Land monty only
CITY (If outside corporate limit, Trite RURAL and LENGTH OF STAY OR Siva nearest 1075). (in this place)	CITY (If outside caracrate limits, write RURAL and give nearest town)
OR (give nearest total), (in this place)	TOWN Mallusburg
HOSPITAL OR	STREET (If rural, give lo atloh)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Telescense	Hood DEATH march 21, 1951
SEX 6, COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs.
tenale Coloura WIDOWED, DIVORCED, O (Specify) Widowed	Nov. 20. 87575 yrs. Months Days Hours Min.
10 USUAL OCCEPATION (Give kind of work 19th Kind of Business or	11. BURTHPLAGE (State or Corign country) 12. CITIZEN OF WHAT
100 USUAL OCCAPATION (Give kind of work the during most of working life, every first retired) INTERTY	Washington Gopwatt A
13. FATHER'S NAME	14. MOTHER'S MAIDEN DAME
James Johnson	Horcus Brawn
15. WAI DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes no or unknown) (If yes, give war or detes of	welves Herling
18. MEDICAL CE	RTIFICATION
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Corebral h	emonlige I hour
Antecedent cause(s) Disease or conditions, if any, (b). Left herring	alexia 1 hour
93 de stating the underlying cause last	and in the state of 10 years
II. OTHER SIGNIFICANT CONDITIONS	Caronamerica (miss) , Los
Conditions contributing to the death but not related to the disease or condition causing death.	chitis / week
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE NOTE: SUICIDE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not White Work At work	
22. I hereby certify that I attended the deceased from	2019.7. to Zuckeh 3, 19.2., that I last saw the deceased
alive on 19.2.4 and that death occurred at (Degree or title)	A.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	S
James towers ms.	Goyou, mo , 27 march 51
23. FIRIAL, CREMATION DATE THEREOF NAME OF CENETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL RECESTRANS SIGNATURE	Demonia Ouilland 1 ml.
BEG. 92	The total series of the older of
Must 1131 Charles ax soft	the raid a, onewould rockered, high
	043888

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

D.C.

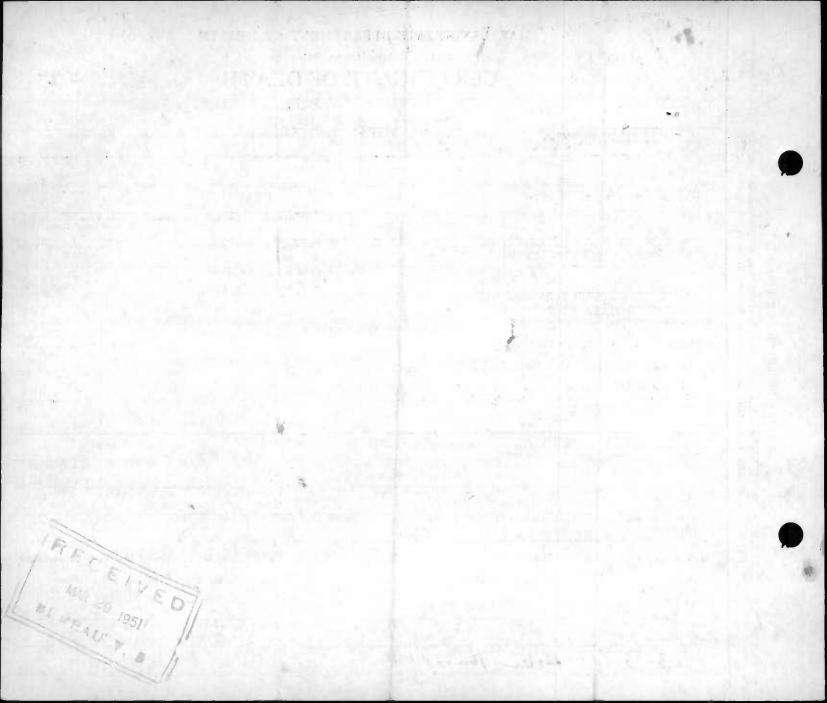
290916

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	3.5
county Montgomery Maryland	STATE Maryland COUNT	W Mont.
CITY (If outside corporate limits write RURAL and) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
OR give nearest town hevy chase LENGTH OF STAY	Town Chevy Chase	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
STREET ADDRESS	Address 307 Lynn Drive	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ROBERT EDWARD	HUSE DEATH March 2	$27, 1951_{19}$
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ARKI'S D	8. DATE OF BIRTH 9. AGE last birthday If under Month	T 1 year If under 24 hr. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOUGHRY COV	MANCHESTER, N.H.	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN, NAME	
ISAAC HUSE	CHARA HANCASTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)	MATHERINE HUSE - W	IFE
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Turner of the bra	in (, Gli oblas toma)	21 13 most
3x Immediate cause (a)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Antecedent cause(s)		
Diseases or conditions, if any, (b)	Delito	10.00000000000000000000000000000000
giving rise to the above cause stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS	upper lytemity	
Conditions contributing to the death but not related to the disease or condition causing death.	Ata Alama ?	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
June 1950 Inoperate 6 history	rug	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	the CD Acces 22 51	
22. I hereby certify that I attended the deceased from	, 19, to	saw the deceased
alive on hark 26, 19.51, and that death occurred at	145 P from the course and on the date of	atad aham
SILENATURE: (Degree or title)	ADDRESS	DATE SIGNED
Parl teller, M.D. 13:	1. 1844 114.0	1
Comment of the contract of the	2000	3/27/51
	RY OR CREMATORY, LOCATION (City, town, or cour	ity) (State)
CREMOVAL Specify 3-29-1951 CEDAR HILL	CREMATORY SUITIAND, PR.GE	of MD"
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3-28,51 Deler Kuraep	Joseph Gawler's Song 1756	Do Arro nee

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and I zibly. MARGIN RESERVED FOR BINDING

correct age

VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Bethesda 8 (in this place)	TOWN Chery Chase
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS Juburban Hospilal	ADDRESS # 5/6 Ridge St.
3. NAME OF (First) (Middle)	
DECEASED	T L TI OF M
	Inrig DEATH March 28 1951
WIDOWED DIVORCED	8. DATE OF BURTH 9. AGE last birthday If under I year If under 24 brs. Months Days Hours Min.
Female White (Specify) Married	11/14/CM 1/1/19091 4 d ym.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR dopeduring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Marchile	Ord. rebiaska 11. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles A. Kokes	mary ?
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMAN AND ADDICESS .
(Yes no, or unknown) (If yes, give war or dates of service)	EC 110 4316 10666 11.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
1. DESERBES ON CONDITIONS DIRECTED LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a)	tory. Tailure I hr
33/X Immediate tause	
Antecedent cause(s)	week News as home I ghad
Diseases or conditions, if any, (b)	may pringuency no.
stating the underlying cause last	15 was -
(c)	active of grade
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	./0 \ /
22. I hereby certify that I attended the deceased from Nov	, 1948., to manch 28, 195/, that I last saw the deceased
alive on March 28, 1951, and that death occurred at Signature	ADDRESS ADDRESS
1 2 2 2	() () Pare signed
Trank of yagger 12 M. 570	7 Wis conen ave they those put. 3/28/5,
23. BURIAL, CREMATION DAVE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial-Transit 3/28/51 Our Lady o	f Perpetual Ord, Nebraska
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24-FUNERAL DIRECTOR ADDRESS
REG. 3-29-51	The second secon
- Carl Kinnech	Worker 4. Pumphrey Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15

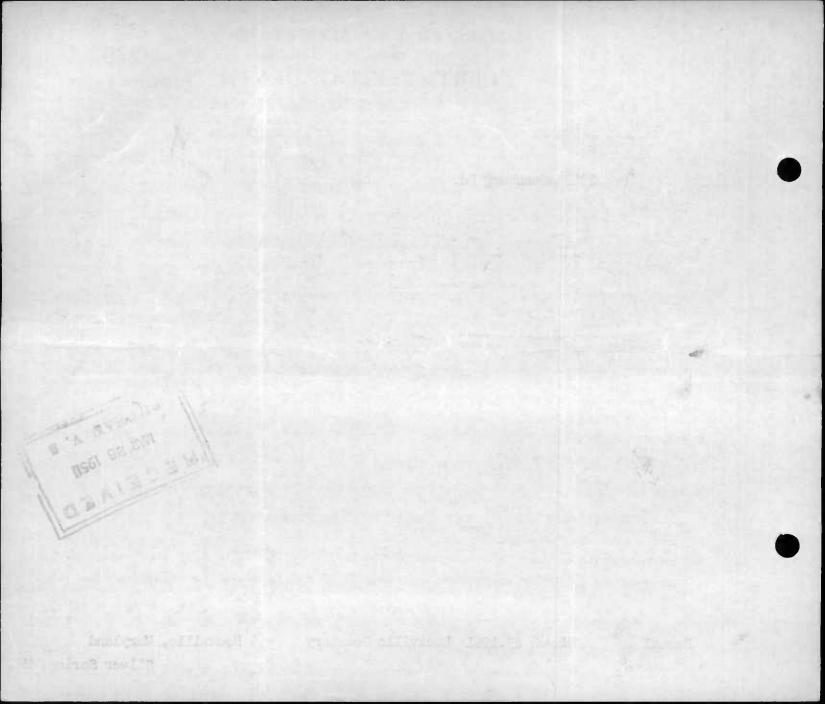
APR 2 1951

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(12/1) / Reg. Dist. No. 2/

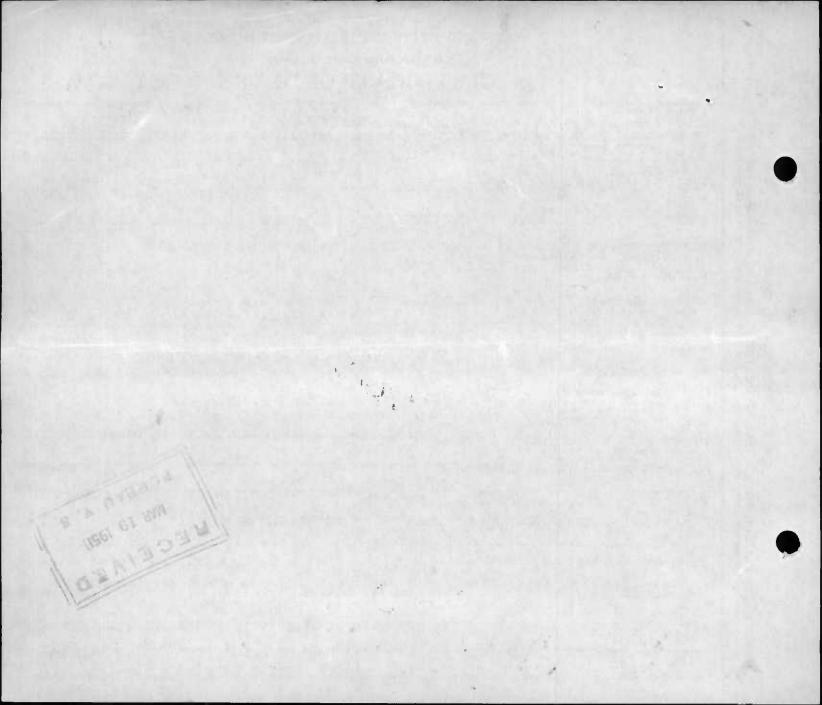
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Lyanlon & COUNTY Just	A
COUNTY mortgomeny MARYLAND		/ -
CITY (If outside corporate finits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest t	own
TOWN givo nearest town) (in this place)	TOWN Kensington	
HOSPITAL OR	STREET (Ilfriral, give location)	
INSTITUTION OR STREET ADDRESS 29 Bladensburg Rd.	ADDRESS 29 Blodending Co	۷.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED C	ones DEATH Moule 21	195/
5 SEY 16. COLOR OR RACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If u	
Male White Specify) Marie	March 7, 83 66 yrs.	Min.
10a. USUAL OCCUPATION (Give kind of work done during nost of workink life, even if retired) INDUSTRI	11. BIRTHPLACE (State or foreign country) 12. CITIZEN COUNTRY?	OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
unknown	antenown	,
15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 29 Blode	hunge
(Yes, no, or unknown) (If yes, give war or dates of service)	marie fores Kenningt	on W
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ND DEATH
	1 - 1	,
Immediate cause (a) Caroline	. + arline 2 h	my.
Illiniculate tauso		
Antecedent cause(s)	tungoide 34	way
Diseases or conditions, if any, (b) giving rise to the above cause		
stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AU	ropsy:
yeone	Yes 🗆	No 😉
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (ST	ATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
1.51	1 1	
22. I hereby certify that I attended the deceased from !//1 >/5	0, 19 to 3/21/51, 19 that I last saw the c	leceased
	all and a second	
alive on 3/20/3 1, 19, and that death occurred at	3m., from the causes and on the date stated abo	ve. SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE MALE	SIGNED
Granon Bunched M. D.	Silver Spaning had 3/2	1/51
ZJ. DUILIAU, CILLIAM DANCE	RY OR CREMATORY LOCATION (Gity, town, or county) /	(State)
REMOVAL (Specify) Burial March 23,1951 Rockville C	emetery Rockville, Maryland	
	Lat Division At Dipposition	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDR	ESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/2-3/5/	Chouse 6. Cumbres Silver Sprin	



CERTIFICATE OF DEATH

9	MARYLAND STATE DEPARTMENT OF HEALTH	
اله	2411 N. Charles Street, Baltimore	
correct	CEDTIEICATE OF DEATH	01/
	CERTIFICATE OF DEATH Reg. Dist. No.	2/4
The	1. PLACE OF DEATH- 2. USUAL RESIDENCE (HOME) OF DECEASED-	
	COUNTY MONTGOMERY MARYLAND STATE D.C. COUNTY	
会員	CITY (If outside corporate limits, write RURAL and given nearest town) Length OF STAY CITY (If outside corporate limits, write RURAL and given nearest town) Length OF STAY OR OR TOWN Length OF STAY	e nearest town)
refi	TOWN Dethes de Vo days Town Washington HOSPITAL OR STREET Mit rural, give location)	
of information carefully leath clearly and legibly.	INSTITUTION OR STREET ADDRESS Suburban (003pital ADDRESS 808 Garrison St. 71.	w. 1
tion y ar	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) OF	(Day) (Year)
ma	(Type or Print) / 1089028 HUII Jones DEATH / NURCh	14 1951
nfor	5. SEX 7 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday II under Months 9. AGE last birthday 1. AGE last bi	I year If under 24 hrs. Days Hours Min.
death	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or 11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
ST G	2494istician (Census Dureau Wisconsin	COUNTRY? U.S.
every item	13. FATHER'S NAME GEORGE Miller Hull Hannah Baker	
'ery	15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT AND ADDRESS	
be o		son St. M.ZU.
ppl te t	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
Suppl write	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
NK. please	Immediate cause (a) wente Myscardial Marling with pulmary Edeny	24 hy.
	Antecedent cause(s)	541
NG.	Diseases or conditions, if any, (b) Sure Gronary arrange arrange giving rise to the above cause	3 94
DIN	stating the underlying cause last	5 muys.
UNFADING t. Physicians:	11. OTHER SIGNIFICANT CONDITIONS	5 945.
Z.	Conditions contributing to the death but not related to the disease or condition causing death.	
H	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
WITH UN	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, CITY OR TOWN) (COUNTY) SUICIDE OF office bidg., etc.)	(STATE)
P.E	SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(021122)
PLAINLY, is especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not While	
IN	INJURY m. Work At work	
esp esp	22. I hereby certify that I attended the deceased from MAL, 1948, to March 4, 1951, that I last so	aw the deceased
E	alive on March 14, 1951, and that death occurred at 400, m from the causes and on the date at	ated shove
LIT	alive on	DATE SIGNED
WRITE	Alewest freet Med. 3921 Myones 8th hav. 3	14.57
	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or count REMOVAL, (Speciev)	y) (State)
PLEASE	3-1-81 Got Jenson Bruce Ge.	ma.
PL	REG. 2 14 11 10 11 11 11 11 11 11 11 11 11 11 11	
	Dell' I was provided in the 2.11. There to WAS	HINGTON DE

MARGIN RESERVED FOR BINDING



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02769

Reg. Dist. No. 216

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MONTGOMERY MARYLAND	STATE Mary land COUNTY Mon	+.
OR give nearest town (in this place)	CITY (If outside corporate limits, write RURAL and give nearest to	wn)
TOWN LIETHESOID 6 da.	TOWN Bethesda	
HOSPITAL OR INSTITUTION OR S. L. L.	ADDRESS / Q 2 5 (If rural give location)	
STREET ADDRESS SUDUNDAN HOSPILA!	ABBRESS 6925 Halington Moad	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) / Colored Herring on	Keiser DEATH March 25	1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8 DATE OF BIRTH 9. AGE last hirthday If under 1 year If un	der 24 hrs.
remaie While (Specify) Married	OAN, 3,14021 77 ym. 12 1201	irs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN O	P WHAT
HOUSE WITE 13. FATHER'S NAME	Washington, D.C. COUNTRY?	4.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Norman Herringlon	Jarah Mikee	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (116. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give war or dates of lecrvice)	17. INFORMANT AND ADDRESS	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL ONSET AN	BETWEEN
		DEATE
Immediate cause (a) (o) many occlusion	"; myourial infarction 264	ours.
COX		
Diseases or conditions, if any, (h)	ay to mennontragia 4m	
giving rise to the above cause stating the underlying cause last A: he for melli	tus (acidosis) 10 ye	a 7
(c)	To de	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	moneur, selma	
related to the disease or condition causing death.	monday walnes	
192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTO	PSY?
Kare	Yes DY	№ П
21. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STA	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	La 2001-1- 27	
22. I hereby certify that I attended the deceased from	19 to may 19 1, that I last saw the de	ceased
alive on May 15 195, and that death occurred at	am., from the causes and on the date stated above	
SIGNATURE: (Degree or title)	ADDRESS DATE ST	IGNED
SAFE AN MA 1726	Esu. SN.N.W. Warkinglon 3/11:	-
MINIGUA III ~ 1	1 775/3	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	(0.03) 00.02(0)	State)
Burial / 18/2//51 Cedar Hil.		rylan
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3 - 26 - 50	24. FUNERAL DIRECTOR ADDRES	SS
3. c 5" / Cetter 16 kisvally	Sober U. Cumphrey/ Petherda, 10	1.
y		



2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

02770

(State)

correct age The

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

23. BURIAL, CREMATION REMODAL (Spails) 3/11/51 REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)
Wesley Grove Cemetery. Woodfield. Md,

24. FUNERAL DIRECTOR Ernest C. Gartner, Gaithersburg.Md,

		CERTIFICAT	E OF DEAT	H	Reg. Dist. N	0. 2.18
OR give neares TOWN HOSPITAL OR INSTITUTION O	Montg corporate limits, write RUR t town) Gaithersh	(in this place)	STREET	nd to limits, write	COUNT RURAL and gi	Monre
STREET ADDRI 3. NAME OF DECEASED (Type or Print) 5. SEX	(First) Bessie 6. COLOR OR RACE	(Middle) Elizabeth 7. SINGLE, MARRIED, WIDOWED, DWORGED,	(Last) Kemp	4. DATE OF DEATH 9. AGE last bir	(Mnnth) Mar thday If under Months.	(Day) (Year) 9th 195, I year If under 24 hr
H'emale 10a. USUAL OCCUP done during most of HOUS @ 13. FATHER'S NAM		(Specify) WIGOW 10b. KIND OF BUSINESS OR INDUSTRY DUVALL	11. BIRTHPLACE (State nr	foreign cnuntry Md NAME	y) 1	2. CITIZEN OF WHAT
15. WAS DECRASED F (Yes, nn, or unknown)	EVER IN U.S. ARMED FORCES (If year, give war or dates service)	17 1 16. SOCIAL SECURITY NO.	17. INFORMANT AND Mrs Harold	ADDRESS		ersburg.Mo
1 Immedia 443 × Antecede 93d Diseases or giving rise	te cause (a)	LEADING TO DEATH Lypertimi	enial her	is -U.	hage	INTERVAL BETWEEN ONSET AND DEATH
Conditions contrib	ICANT CONDITIONS outing to the death but not ase or conditinn causing deat		levris - g	mera	lyen	- July
21. ACCIDENT	(Specify) PLA	FINDINGS OF OPERATION CE (Home, farm, factory, street,	(CITY OR TO	OWN)	(COUNTY)	Yes No 2
SUICIDE HOMICIDE TIME (Month) OF INJURY	(Day) (Year) (Hour)	nffice bldg., etc.) URY INJURY OCCURRED While at Not While Work	HOW DID INJURY OCC	UR?		
22. I hereby cer	1951, an	e deceased from Many. Id that death occurred at (Degree or title) Lee M. D.	7.	causes and o	n the date st	

VS. A15

PLEASE

MECELAED

2411 N. Charles Street, Baltimore

		CERTIFICAT	E OF DEAT	H Reg. Dist.	No. 211	••••••
I. PLACE OF DEA	TH.		2. USUAL RESIDENCE (F	HOME) OF DECEASED.	TY)	<u></u> ,
CYTY Of avoids	onlyomery	MARYLAND LAL and LENGTH OF STAY	CITY (U autil appar	ite (mits, write RURAL and	Mondo	nex
OR two near	est town	(in this place)	OR M	A	give nearest town	1
HOSPITAL OR	Wagnasci	why fringeau	TOWN STREET	(If rural, give location)	1119	
INSTITUTION STREET ADDR	OR RESS	10	ADDRESS			
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day)	(Year)
(Type or Print)	RASA	LEE	TING	DEATH MARCH	(30	193)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If und	er i year If unde	
FEMALE	WH-175	(Specify)	Vun 22 /909	4 / yrs. Month		- 11
Joa. USUAL OCCU	UPATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF	WHAT
Donestic	of working life, even if retired)	Fine	marilan		w	SA
13. FATHER'S NA	AME -	71	14. MOTHER'S MAIDEN	NAME -		
	Momas ()	Hun	Vennie	Walke	in	
15. WAS DECRASED	EVER IN U.S. ARMED FORCE	87 16. SOCIAL SECURITY NO.	17 INFORMANT AND	ADDRESS		
(Yes, no, or unknow	n) (If yes, give war or dates service)	na	Donly W	King Wanso	1000 M	4
		18. MEDICAL CE	ERTIFICATION	- 1/	1	
I DISEASES OR	CONDITIONS DIRECTLY	LEADING TO DEATH		10 -	ONSET AND	
I. DIDERGIES ON			egesticie Ned	1-1-1	1.1	7
Immedi	iate cause (a)	acute Los	egergee Me	uf Tacker	2 6 74	u.
Diseases e	dent cause(s) or conditions, if any, (b)	arcensma ;	r taucres		1 yes	w.
469 giving rise stating th	e to the above cause ne underlying cause last	milatalia	Carina	. Lines	6 ma	28
II. OTHER SIGNI	TELCANT CONDITIONS	THE REAL PROPERTY OF THE PARTY		1		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	ILICAMI COMPILIONS					
Conditions contr	ributing to the death but not	th.				
Conditions contr	ributing to the death hut not sease or condition causing des	th. FINDINGS OF OPERATION		0	20. AUTOP	SY?
Conditions contr	ributing to the death hut not sease or condition causing des	FINDINGS OF OPERATION	inamatasis -	Budirmel by less		SY?
Conditions controlled to the distance of the controlled to the distance of the controlled to the contr	ributing to the death but not sease or condition causing despending the PERATION 19b. (Specify) PLA	FINDINGS OF OPERATION LUCA Care ACE (Home, farm, factory, street,	inomotoris (CITY OR	Bufermel by beg		No p
Conditions controlled to the distance of the controlled to the distance of the controlled the co	ributing to the death hut not sease or condition causing des PERATION 19b JAJOR (Specify) PLI OF	FINDINGS OF OPERATION Care ACE (Hone, farm, factory, street, office bldg., etc.)		Bufirmel by bry	Yes 🗆	No p
Conditions controlled to the distribution of t	ributing to the death hut not sease or condition causing des PERATION 19b MAJOR (Specify) PLI OF INJ	FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY 1 INJURY OCCURRED		Country (Country Country Count	Yes 🗆	No p
Conditions control related to the distribution of the control of t	ributing to the death hut not sease or condition causing des PERATION 19b./HAJOR (Specify) PLA OF INJ h) (Day) (Year) (Hour)	FINDINGS OF OPERATION ACE (He'ne, farm, factory, street, office bidg., etc.) URY INJURY OCCURRED While at Not While	(CITY OR	Court	Yes 🗆	No p
Conditions controlled to the distribution of t	ributing to the death hut not sease or condition causing des PERATION 19b MAJOR (Specify) PINJ (Specify) PINJ (Specify) NJ (FINDINGS OF OPERATION ACE (Hyme, farm, factory, street, office bidg., etc.) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC		Yes [] (STATE	No P
Conditions controlled to the distribution of t	ributing to the death hut not sease or condition causing des PERATION 19b MAJOR (Specify) PINJ (Specify) PINJ (Specify) NJ (FINDINGS OF OPERATION ACE (Hyme, farm, factory, street, office bidg., etc.) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC		Yes [] (STATE	No P
Conditions controlled to the distribution of the controlled to the distribution of the controlled to the distribution of the controlled to	sease or condition causing descense or condition causing descenses of the sease of	FINDINGS OF OPERATION ACE (Hyme, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work he deceased from	HOW DID INJURY OC	\$50,951, that I last	Yes (STATE	No p
Conditions controlled to the distribution of the controlled to the distribution of the controlled to the distribution of the controlled to	sease or condition causing descense or condition causing descenses of the sease of	FINDINGS OF OPERATION ACE (Hyme, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work he deceased from	HOW DID INJURY OC	\$50,951, that I last	Yes (STATE	No p
Conditions controlled to the distribution of the controlled to the distribution of the controlled to the distribution of the controlled to	sease or condition causing descense or condition causing descenses of the sease of	FINDINGS OF OPERATION ACE (Hyme, farm, factory, street, office bidg., etc.) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	\$50,951, that I last	Yes (STATE	No de E)
Conditions controlled to the distribution of the controlled to the distribution of the controlled to the distribution of the controlled to	sease or condition causing descense or condition causing descenses of the sease of	FINDINGS OF OPERATION ACE (Hyme, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work he deceased from	HOW DID INJURY OC	\$50,951, that I last	Yes (STATE	No de E)
Conditions controlled to the distributed to the dis	(Specify)	FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work the deceased from the course at the course of title)	HOW DID INJURY OF HOW DID INJURY OF THE ADDRESS AMO DOLLARS	\$50,951, that I last	yes (STATE) (STATE) (STATE) STATE ST	No de E)
Conditions controlled to the distribution of the controlled to the distribution of the controlled to t	(Specify)	FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work the deceased from the course at the course of title)	HOW DID INJURY OF HOW DID INJURY OF THE ADDRESS AMO DOLLARS	k3019.51, that I last causes and on the date	yes (STATE) (STATE) (STATE) STATE ST	No person of the second of the
Conditions controlled to the distributed to the dis	eributing to the death hut not seeme or condition causing des PERATION 19b HAJOR (Specify) PLI OF INJ (h) (Day) (Year) (Hour) m. ertify that I attended the property of the part of the property of the part of the property of the part of the	FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work the deceased from the courred at the control of the course or title) NAME OF CEMETI	HOW DID INJURY OF HOW DID INJURY OF THE ADDRESS AMO DOLLARS	causes and on the date	yes (STATE) (STATE) (STATE) STATE ST	No deased
Conditions controlled to the distribution of the controlled to the distribution of the controlled to t	eributing to the death hut not seeme or condition causing des PERATION 19b HAJOR (Specify) PLI OF INJ (h) (Day) (Year) (Hour) m. ertify that I attended the property of the part of the property of the part of the property of the part of the	FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work the deceased from the courred at the control of the course or title) NAME OF CEMETI	HOW DID INJURY OF HOW DID INJURY OF STANDARD ADDRESS HOW OR CREMATORY	causes and on the date	yes (STATE) (S	No deased

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age

The



02772

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH. COUNTY Montg	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
MARYLAND	Maryland	Montg
CITY (If outside corporate limits, write RURAL and OR give nearest town) Gaithersburg (In this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Gaithershire	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 8-Park AVE (If rural, give location)	
3. NAME OF (First) (Middlo) DECEASED (Type or Print) Gregory		(Day) (Year) 8 ₁₉ 51
5. SEX Male 6. COLOR OR RACE Widowed, Divorged, (Specify) Married	June 22-1905, 45 yrs. If under 1	
10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) Retired Linch (heretor)		CITIZEN OF WHAT
13. FATHER'S NAME ROOM,	14. MOTHER'S MAIDEN NAME	0 0 1.
Herbert Kinsey	Agness Arnold	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	Dorothia R. Kinsey	
Antecedent cause(s)		Interval Between Onset and Death 3
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) Bronchymum	unig	zdays.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN) (COUNTY)	Yes No [2]- (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	,,	
alive on March 8 , 1951 , and that death occurred at 1 SIGNATURE (Degree or title)	ADDRESS Address and on the date state of the date of the date of the date state of the date of the dat	ed above. DATE SIGNED
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) Cemetery Clopper	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS ersburg
	290 679	, Md.

Landing and the control of the contr

VAR 12 1951

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02773

g. Dist. No. 2/6

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
MONIC OMETY MARYLAND	maryland monegonery
ORY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Bethesda 10 min.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital	STREET (If rural, give location) ADDRESS 614 Mississippi Ave.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Charles Edward Kirby	DEATH March 15 19 51
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
Male White (Specify) Widowed	July 18, 1869 81 yrs. 12. CITZEN OF WHAT
done during most of working life, even if retired) INDUSTRY U.S. Government	Virginia USA COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Kirby	Rebecca ?
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of	Mrs. Minnie May Carlton, dtr
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSUT AND DEATH
Immediate cause (a) Cerebral 1	unonhage 3 hour
	10 to - 0 /
Antecedent cause(s) Diseases or conditions, if any, (b) Servicely	allero Scleroses years
giving rise to the above cause stating the underlying cause last	
8 Da (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Muldlong Congression Condition Causing Congression Condition Causing Congression	tion of abdominal and
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1/24	195/, to 3//5 . 195/, that I last saw the deceased
3/ ()	:45 Pm., from the causes and on the date stated above.
alive on 19.4., and that death occurred at 2.	1 / .) / m from the equippe and on the date stated shows
DEGITAL GARGE,	ADDRESS DATE SIGNED
Ment y lives 30. Sile	ADDRESS DATE SIGNED WILL Shring, Rud. 3/16/5/
Ment y Coop 75. 23. HURAL CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS SET SIGNED STATE SIGNED STATE SIGNED STATE SIGNED STATE SIGNED STATE SIGNED STATE SIGNED (City, town, or county) (State)
Ment y Coop 75. 23. WURIAL, CREMATION DATE THEREOF NAME OF CEMETE BUTTON 3/17/51 Burtonsville	ADDRESS A CIVE . BATE SIGNED 3/16/5/ ORY OR CREMATORY LOCATION (City, town, or county) (State) Burtonsville, Mont.Co. Md.
Ment y Coop 75. 23. HURAL CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE SIGNED 3/16/5/ (State) Purion Cemetery Burtonsville, Mont.Co. Md. 24. FUNERAL DIRECTOR ADDRESS
Ment of Construction of the Property of the Pr	ADDRESS A CIVE . BATE SIGNED 3/16/5/ ORY OR CREMATORY LOCATION (City, town, or county) (State) Burtonsville, Mont.Co. Md.



the state of the s

The correct age

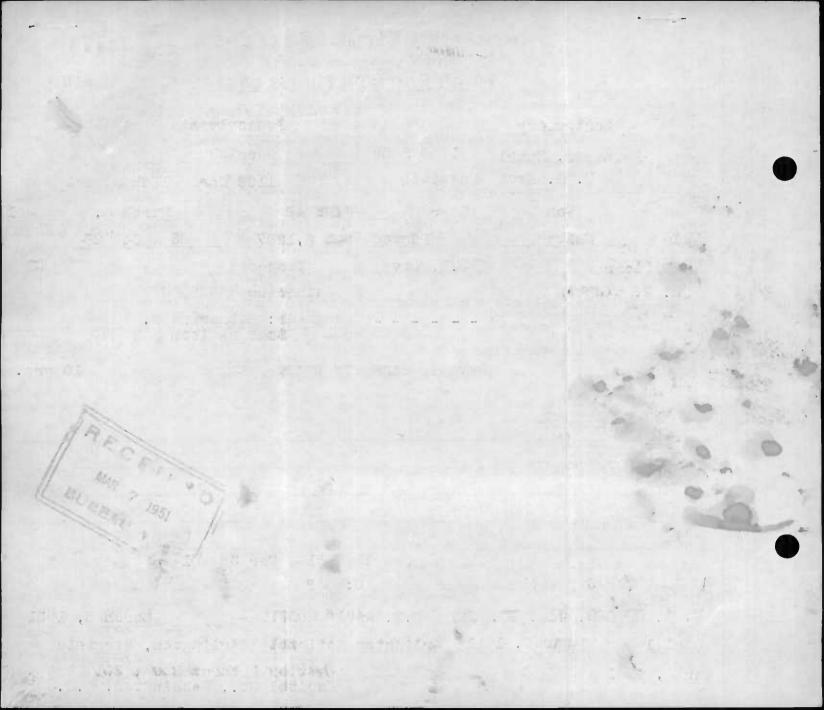
112774

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Montgomery MARYLAND	STATE Pennsylvania COUNTY Dauphin
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Bethesda, Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural, give location) ADDRESS 1106 North 16th Street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Van Leer	KIRKMAN OF March 3, 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Menths Days Hours Min.
Male White WIDOWED DIVORCES	
10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OLITICOR 13. FATHER'S NAME	Tennesse COUNTRY? US
	14. MOTHER'S MAIDEN NAME
L. V. KIRKMAN	Katherine THOMPSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give yer or date of service)	Daughter: Katherine W. SHOOP
18. MEDICAL	CERTIFICATION Same as item # 2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) ARTERIOSCLE	ROTIC HEART DISEASE 10 yrs.
420.0 Antecedent cause(s)	
Diseases or conditions, if any, (b)	## TOTAL COOK CO. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
giving rise to the above cause stating the underlying cause last	
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	Yes No.X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, str. SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work Atwork	HOW DID INJURY OCCUR?
	26, 19.51, to Mar 3, 1951, that I last saw the deceased
alive on	at6:50P.m., from the causes and on the date stated above. ADDRESS DATE SIGNED
F. A. BUTLER, CDR, MC, USN U.S.	NAVAL HOSPITAL March 5, 1951
	ETERY OR CREMATORY LOCATION (City, town, or county) (State)
	ton National Arlington, Virginia
Mar 5, 1951 REGISTRAR'S SIGNATURE Mar 5, 1951	Wastlen Furrence East
Mar of 1901 Kill williams	Capitol St., Washington, D.C.
	290916



PLEASE

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02775

Reg. Dist. No. 215

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	VTV
MOII GOMELY MARYLAND	Connecticut N	ew Haven
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and	give nearest town)
TOWN Bethesda. Rural 2 days	TOWN Meriden	
HOSPITAL OR INSTITUTION OR	STREET (If ru al give location	•
STREET ADDRESS U. S. Naval Hospital	ADDRESS 226 Hobart Street	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Robert Walter	KUREMSKY OF MArch	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If und	
Male White WIDOWED DIVORCED. (Specify) Single	Aug 2,1929 21 yrs. 07	ths O4's Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) house. Navy	New Jersey	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John KUREMSKY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, na unknown) (If yes, give war or dates of service)	U. S. Naval Records	
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) ACUTE MYOCARDI.	AL FAILURE	30 hrs.
7 Innieutate cause (*)	an Bernes de Ballane and the state of the s	
Antecedent cause(s) RUPTURED INTER	-VENTRICULAR SEPTUM, HEAR!	F. 30 hrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	**	
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION		A A A TYPE DOTTE
138. DATE OF OPERATION 138. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
		Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PLACE (Home, farm, factory, street, OF office bldg, etc.)	(CITY OR TOWN) (COUN'	TY) (STATE)
CAUSE OF DEATH. INJURY	Rhodebularel are. V. Leo.	me
OF (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
INJURY MA 4 51 : 1:00 m. work at work	Centr according	
22. I certify that I took charge of the remains described above, held an A	Autopsy , Inspection , Inquiry thereon are	id from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes \square , accident \mathbb{R} , suicide \square , homicide \square ,		ny opinion resuited
SIGNATURE (Degree or title)	ADDRESS /	DATE SIGNED
Worky morehad mil.	house faithwary m	
Frank J. BROSCHART, M.D. Gaither:	sburg, Maryland March !	5. 1951
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or co	
Removal (Specify) Mar 7,1951	Trenton. New	Jersey
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 UNERAY DIRECTOR	ADDRESS
Mar 5, 1951 Elai Whittent,	Wastles Funes & Hom	0 . 301 East
at of toot have bluest		
	Capitol St., Washington,	Deve

- mal-land again & formant, chorists In the second of the (184 30 TO - 10 488E & 31F THE RESERVED September 1912 B. C. Bowell Begonden . 25 5 5 4 CALLY S. HERRISSE, L. G. CALTERSTON, CREEKING STATE Western More a change I will a series and . William and a series

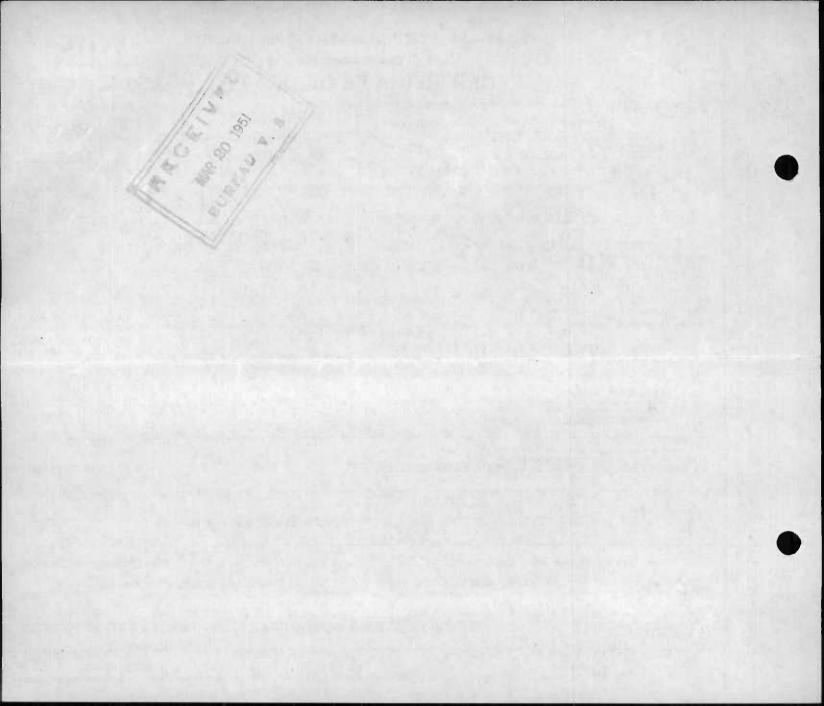
02776

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATE COUNTY MON	tgomery	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASE	county Montgomery
	orporate limits, write RUR.			ate limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES		ithersburg	STREET R.F	.D. Gettie	redurg
3. NAME OF DECEASED (Type or Print)	(First) Eugene	(Middle) D. Le	(Last) Ambert	4. DATE (MCOF DEATH Mar	onth) (Day) (Year) ch 16 1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTICO	Aug. 12.1895		If under I year If under 24 hrs. Months Days Hours Min.
done during most of w	ATION (Give kind of work pking life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY Shington D.C.	Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
George	E. Lambert		Mary Ralei	gh	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown)	(If yes, give war or dates (none	Mrs Anna L.		Gaithersburg
		18. MEDICAL CE			1 Md
I DISEASES OF CO	NDITIONS DIRECTLY				INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLI	LEADING TO DEATH	A. 1/2 1	1.0	ONSET AND DEATH
Immediate	(2)_(/ cute langer	hue Neart	Tachere	2 hours
- m	taust (-/	2	1	. 0	
Anteceden Diseases or c	onditions, if any, (b) the above cause	Cute Conger Parcinama	2 Sigma	ed	2 years
462 stating the u	nderlying cause last	Teneralis of	metastatii (Parcinanta	in 6 mouth
	CANT CONDITIONS ting to the death but not be or condition causing deat	h.			
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 1	rown) (C	COUNTY) (STATE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work At work			
22. I hereby certi	fy that I attended the	deceased from april	, 19.49, to March	6.16 19.51, that	I last saw the deceased
alive on Man	A .	d that death occurred at, (Degree or title)	A.m., from the	causes and on the	date stated above. DATE SIGNED
Kalph	Z. Much	elsew, M.O.	Hamasus	, sud.	2/16/51
23. BURIAL CREMA	Mar. 18,			Chestert	
Mar. 16,1	951 REGISTRAR'S	SIGNATURE BURDELL	24. FUNERAL DIRECTO	R	ADDRESS mascus, Md.



VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

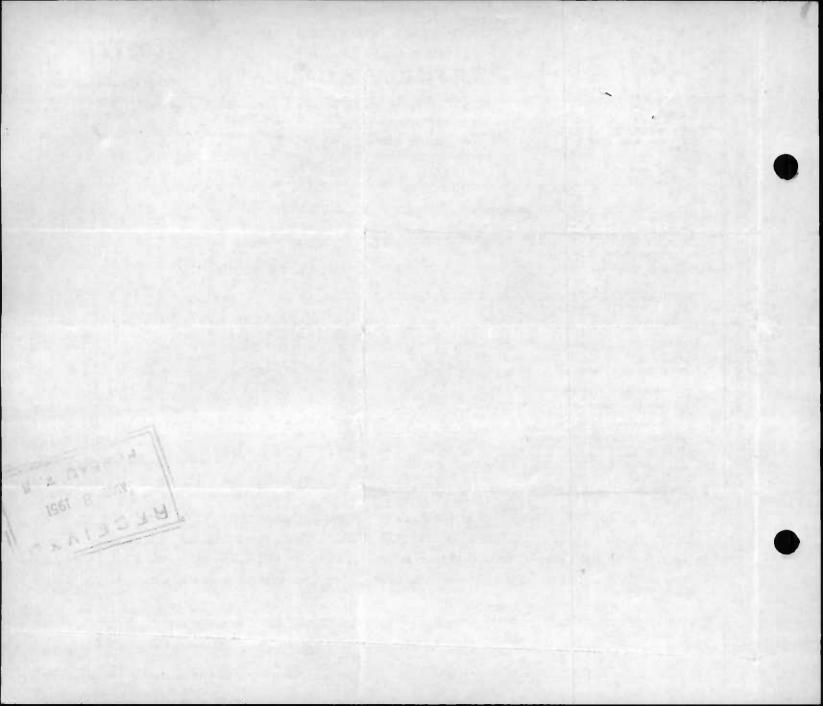
2411 N. Charles Street, Baltimore

02777

CERTIFICATE OF DEATH

Reg. Dist. No. 2/8

1. PLACE OF DEATH- COUNTY, Montg . MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Gaither shurg 20 yrs	TOWN Gaithersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS 37 S. Summit Ave
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) John Southon V	Larcombe Jr DEATH Mar 4th 1951
5. SEX) 6. COLOR OR RACE 7. SINGLE, MARRIED	D. 1 8. DATE OF BIRTH 19. AGE last birthday I If under 1 year IV under 24 bear
Male White WIDOWED, DIVORGE (Specify) Marr	TEC Oct-12/1876. 74 yrs. Months. Days Hours Min.
done during most of working hite, even if retired) Retired Insurance Rroker	
13. FATHER'S NAME	
John S. Larcombe	Mary Alice Griffith
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security I (Year no, or unknown) (If year, give war or dates of	No. 17. INFORMANT AND ADDRESS Gaithersburg
Yes service) War-1	Mrs Olive G. Larcombe. Md.
In diseases or conditions directly leading to death Immediate cause (a) Condition Antecedent cause(s) Diseases or conditions, if any, (b)	is of Zwei Years
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT.	ION 1 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, SUICIDE OF office bidg., etc.) HOMICIDE INJURY	street, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
74. 7	d at 5 a.m., from the causes and on the date stated above. Parthers Man. 5. (95)
REMOVAL (Specify)	METERY OR CREMATORY LOCATION (City, town, or county) (State)
The state of the s	gton National Arlington Va,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
- May 5,195 Milmida J. Gorne	Ernest C. Gartner. Gaithersburg
	450736 Md,



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02778

Reg. Dist. No. 211

120836

COUNTY MARYLAND	STATE Maryland COUNTY Monte
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest time) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (Middle) (Type or Print)	Leves 4. DATE (Month) (Day) (Year) OF DEATH 3/6/19
5. SEX 9 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTII 9. AGE last birthday If under I yar If under 24 hr Months Days Hours Min
done during most of working life, even if retlred) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME: Simmuman
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Upmasons ml
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
IIII Immediate cause (a) Cerite carde	se fliletolen 300nin
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	raiditis. 540
stating the underlying cause last (c) Aykeilin	sein ?,
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY Not While Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from ///	, 19.55, to 3/Laf, 19.57, that I last saw the deceased
alive on 3/6/, 19.5/, and that death occurred at/.	ADDRESS nom the causes and on the date stated above.
From mo	Santy Spernom 3/7/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BUILDING (Specify) March 9 1091 Mt. O	RY OR CREMATORY LOCATION (Chy, town, or county) (State) livet Frederick Maryland
MEARCH 8-51 REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.



VS. A15

The correct age M

A stines as

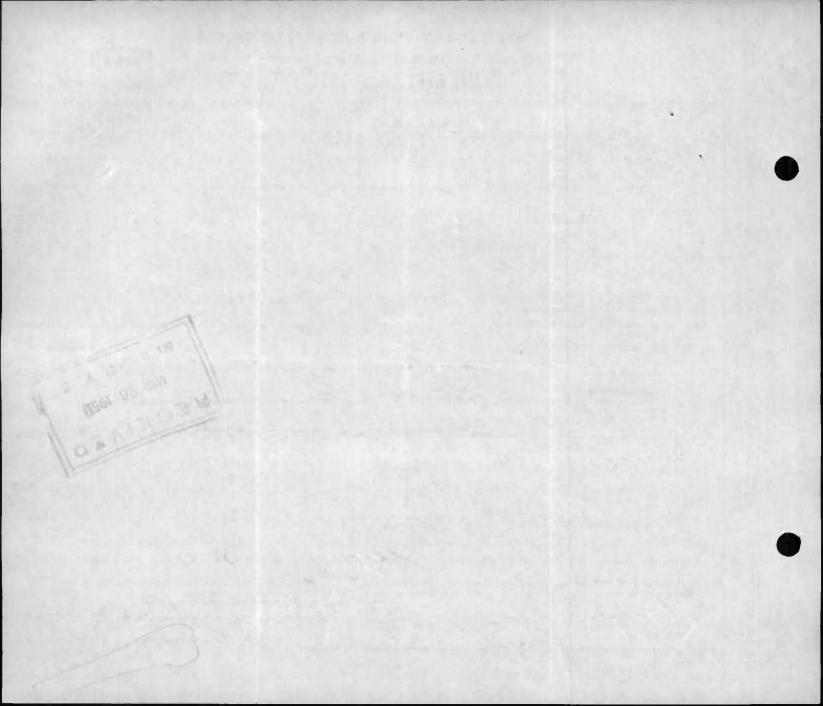
STATE DEPARTMENT

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
MONTGOMERY MARYLAND	STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give nearest town)
OR givenearest town) TOWN COLES VILLE 37 DAYS	TOWN WASH INGTON, DE.
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS TOLLIFFE NURSING HOME	ADDRESS 1707 NEWTON ST. NE.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) 3 (Year)
(Type or Print) GEORGE WAS HING TON	LEWIS, DEATH MARCH 23 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
M WIDOWED, DIVORCED, (Specify) MARRIED	APRIL 18, 1828 77 yrs. Months Days Hours Min.
TO TIGHTAL OCCUPATION (Give kind of work 10h KIND OF RUSINESS OF	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even Il ratired Point FR Self	WASHINGTON, De. COUNTRY? US.A.
done during most of working life even it ratifed. PAINTER Self. 13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
GEORGE WASHINGTON LEWIS	CATHARINE HARRIS
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
leervice)	NURSING HOME RECORD
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONGET AND DEATH
I. DISEASES OR CONDITIONS DIRECTED EMADING TO DEATH	ONOSI AND DEATE
Immediate cause (a)	ongestive tailer 2 day
422 Antecedent cause(s)	47
Antecedent cause(s)	1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Diseases or conditions, If any, (b)	Myocardial same year
Diseases or conditions, if any, (b)	Myradial same you
Diseases or conditions, If any, (b)	I artirockiesi years
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	I astrischusi years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	I artirockymi years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	d arterior chemic grave
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	d arterior chemic grave
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes 🗆 No 🖶
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	Yes 🗆 No 🖶
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION I9b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY	(CITY OR TOWN) (COUNTY) (STATE)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY	(CITY OR TOWN) (COUNTY) (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 195., to
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 195., to
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 1957, to
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from alive on 23, 19 2, and that death occurred at (Degree or title)	(CITY OR TOWN) (COUNTY) Yes No How DID INJURY OCCUR? HOW DID INJURY OCCUR? 195., to
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION I9b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on 22, 19 and that death occurred at (Degree or title)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 195., to
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from alive on 22, 19 2 and that death occurred at (Degree or title) 23. BURIAL, GREMATION DATE THEREFT NAME OF CEMETE REMOVAL (Specify) 3-25-51	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 195., to
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION I9b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on 22, 19 and that death occurred at (Degree or title)	(CITY OR TOWN) (COUNTY) Yes No How DID INJURY OCCUR? HOW DID INJURY OCCUR? 195., to
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from alive on 23, 19 2, and that death occurred at (Degree or title) 23. BURIAL, GREMATION DATE THEREFT NAME OF CEMETE 24. BURIAL, GREMATION DATE THEREFT NAME OF CEMETE 25. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 195., to
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from alive on 23, 19 2, and that death occurred at (Degree or title) 23. BURIAL, GREMATION DATE THEREFT NAME OF CEMETE 24. BURIAL, GREMATION DATE THEREFT NAME OF CEMETE 25. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 195., to

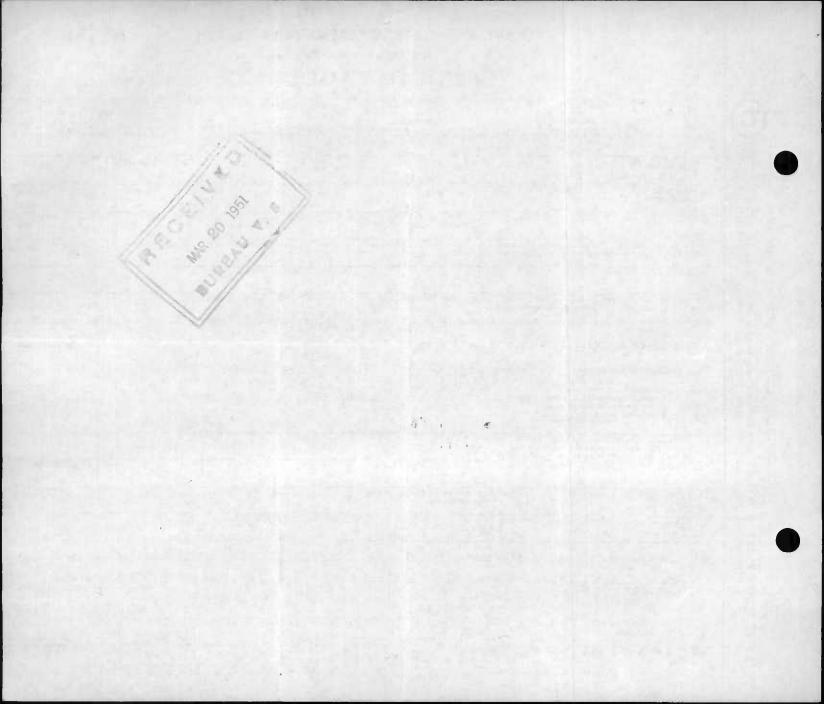


CEDTIFICATE OF DEATH

	CERTIFICAT	E OF DEAT	II Re	g. Dist. No.	L 5
1. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECE		
COUNTY MOUX gomery.	MARYLAND	STATE Mary	and	COUNTY	montgomer
CITY (If outside corporate limits, write RUR OR givo nearest town)	AL and LENGTH OF STAY (in this place)	OR TOWN	nte limite, write RU	TRAL and give	nearest town)
HOSPITAL OR Washington S	an and Hosp.	STREET ADDRESS 123	/ (If rural, giv	ve location)	
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	(Lest) Lighton	4. DATE OF DEATH	(Month)	(Day) (Year) 18 1957
6. SEX 6. COLÔR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 3-18-1951	9. AGE last birthd	Months	year If under 24 hr Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Mary land	or foreign country)		CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Edward William L	ightow.	I Joan Kath	rean Moro	au.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES	7 US. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	0	
(Yes, no, or unknown) (If yes, give war or dates service)	01	HOSPITAL R	lacords.		
	18. MEDICAL CE				
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATE
1. DISEASES ON CONDITIONS DIRECTLY					ONDEL AND DEALE
Immediate cause (a)	ongeenital a	telectasis -	new porn		
7/1					
Antecedent cause(s)	Premature Se	paration D	a a out.		
Diseases or conditions, if any, (b)	1 IV MULLICIA	berrar ron h	M. C. S. M. L. Co.	**************************************	
stating the underlying cause last	T 1 .1.	1	1.		
(e)	+arturition	OCT 3 8	WKS.		Research to the second
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea 	th. 6				
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?
0	0				Yes M No
21. ACCIDENT (Specify) PLA OF HOMICIDE	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CCUR?		
	2		_		
22. I hereby certify that I attended th		130			
alive on3 - /% , 19.57/, an SIGNATURE	(Degree or title)	ADDRESS	causes and on	the date sta	DATE SIGNED
2 numa de	ighes moto	talsoma	Jarky 1	red.	3-19-51
23. BURDAL, CREMATION DATE THERE RESPONDE (Specily)	OF NAME OF CEMETE	1 1	AUALTSUE	town, or county	Maurland
DATE REC'D BY LOCAL REGISTRARYS		FA. FUNERAL DIRECTO		arrolls	ADDRESS
20318129/138			Jak	roma Pa	rle, N.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

. The correct age



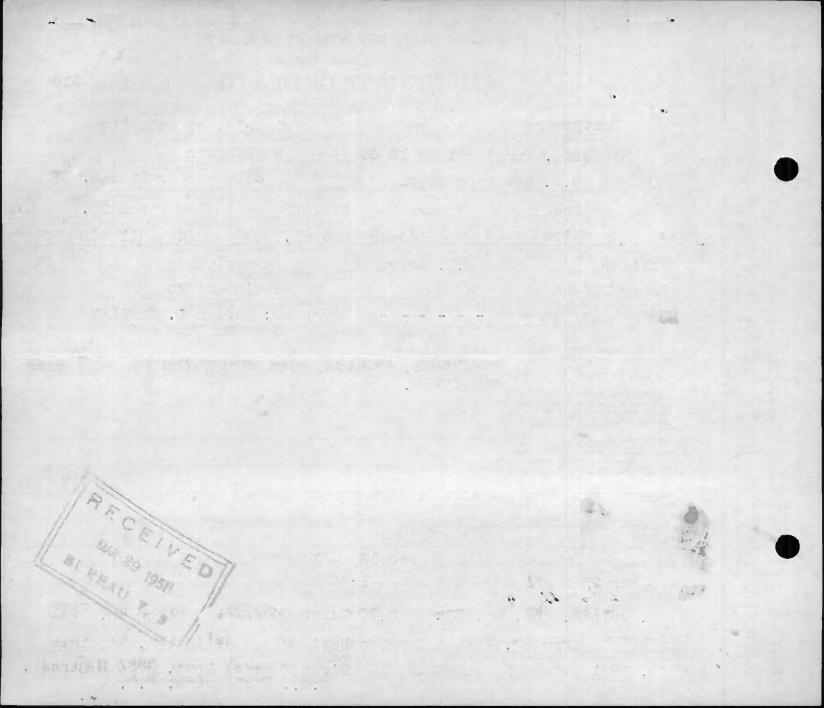
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH			2. USUAL RESIDENCE (I			
1/	Montgomery	MARYLAND	Ulstri	ct of Colu	mola	
OR give nearest	orporate limits, write RUR town)	AL and LENGTH OF STAY al 1 mo 16 da	OR Working the		L and give nearest tow	n)
TOWN BE	thesda, Rur	IT MO TO Ga	Town Washi	ngton (If rural, give lo	estion)	- 1
INSTITUTION OF STREET ADDRESS	ss U.S. Nave	al Hospital		4 Porter S	treet, NW	1
3. NAME OF	(First)	(Middle)	(Last)		nth) (Day)	(Year)
(Type or Print)	Frank	Bowers	LITTELL	OF DEATH Mar		1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) WIDOWED	s. DATE OF BIRTH Feb 21,1869	9. AGE iast hirthday 82 yrs.	Menths 88 Hour	ler 24 hrs Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY NAVY	11. BIRTHPLACE (State of			WHAT
13. FATHER'S NAM	E LITTELL		14. MOTHER'S MAIDEN			
15. WAS DECEASED E	ver In U.S. Armed Forces (1f yes, give war, or dates (service)	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND Daughter: Ma	ADDRESS	ILLEY	
	ion vice) 1		RTIFICATION Same			
I. DISEASES OR CO	ONDITIONS DIRECTLY				INTERVAL E ONSET AND	DEATH
W	4.	CARCINOMA, STON	ACH. WITH ME	TASTASES T	0 l ye	ar
151 × Immediate	e cause (a)	THE LIVER.		0000-0		********
Anteceder	nt cause(s)		q			
giving rise to	conditions, if any, (b)	0449040440404 0-1-0701011111011701017011701-700901700-7004				
46 A stating the u	nderlying cause last					
II. OTHER SIGNIFI	(c) CANT CONDITIONS					
Conditions contribu	iting to the death but not se or condition causing deat	h.				
		FINDINGS OF OPERATION			20. AUTO	PSY?
					Yes	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	TOWN) (C	OUNTY) (STAT	
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF INJURY	m.	While at Not While Work At work				
22. I hereby certify that I attended the deceased from Feb 13, 1951, to Mar 28, 1951, that I last saw the deceased						
alive on Mal SIGNATURE	1904, at	d that death occurred at. 1	ADDRESS	causes and on the	date stated above DATE SI	GNED
F. A. BI	TLER. CDR.	MC, USN U.S.	NAVAL HOSPIT	TAL March	28, 1951	
23. BURIAL, CREM	ATION DATE THERE			LOCATION (City, town		itate)
23. BURIAL, CREM REMOVAL (Spec BUR 1.21	Mar 30.		National	Arlington,	Virginia	
DATE REC'D BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO)R	ADDRES	
Mar. 28, 19	951 Elock	Whettenslow	Birch Funers			et,
			N.W., Wash	nington, D.	.c. Hand.	
		#32	355	m 1 m 11 m		



consect age

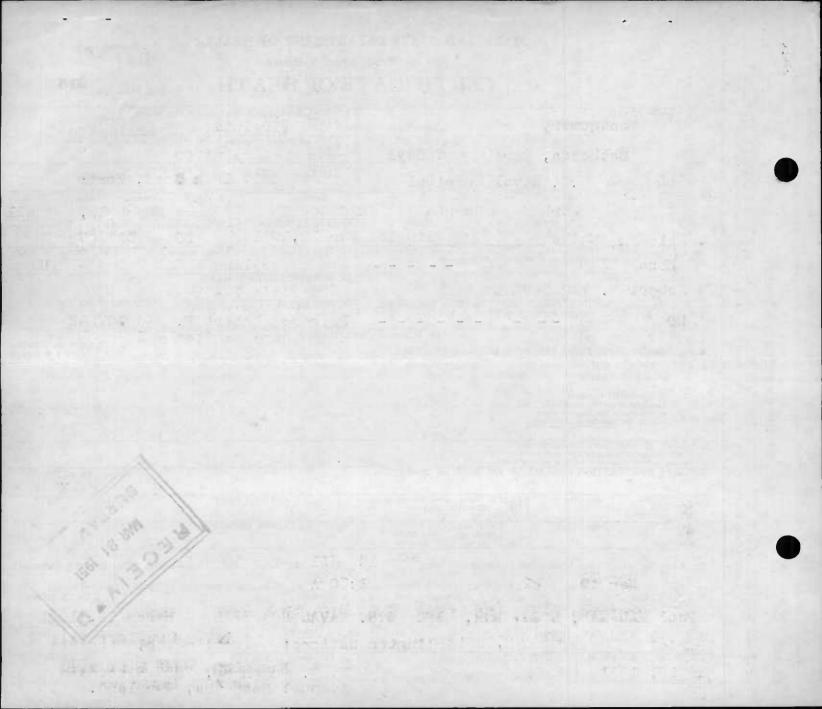
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02782

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY VIRGINIA APLING	tion
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest town) TOWN ROTHOS da. Rural Galaxi	CITY (If outside corporate limits, write RURAL and giv OR TOWN Arlington	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	ADDRESS 4617 19th Road, Nor	th /
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
	AC GOVERN DEATH March 1	9, 195]
6. SEX Male 6. COLOR OR RACE WIDOWED BRIVORCED, (Specify) 7. SINGLE, MARRIED, WIDOWED BRIVORCED, (Specify)	8. DATE OF BIRTH Mar 12,1951 9. AGE last birtbday If under to the property of	year If under 24 hr
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	Maryland	COUNTRY? US
I3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert N. MAC GOVERN	Patricia TRACY	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of service)	Father: Robert N. MAC GOV	ERN
18. MEDICAL CER	RTIFICATION Same as item # 2	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) Alelectasis	quai feut fled	They
760,5 Antecedent cause(s)	Magazie	nath
Diseases or conditions, if any, (b)	MIACROMAN	-hand
1600 giving rise to the above cause stating the underlying cause last (c) the form of the first state of the	and Frematurelly	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 10 No []
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY (INJURY)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 12	, 1951, to Mar 19, 1951, that I last s	aw the deceased
alive on Mar 19 , 19.51, and that death occurred at 1. SIGNATURE	*30A.m., from the causes and on the date str ADDRESS	ated above. DATE SIGNED
Paul KAUFMAN, LTJG, MCR, USNR U.S.	NAVAL HOSPITAL March 19	
Burial (Specify) Mar 22,1951 Arlington	RY OR CREMATORY LOCATION (City, town, or count National Arlington, Vir	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 19, 1951 Elick williams	R. A. Pumphrey, 7557 Wisco	nsin
203121312261	Avenue, Bethesda, Maryland	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

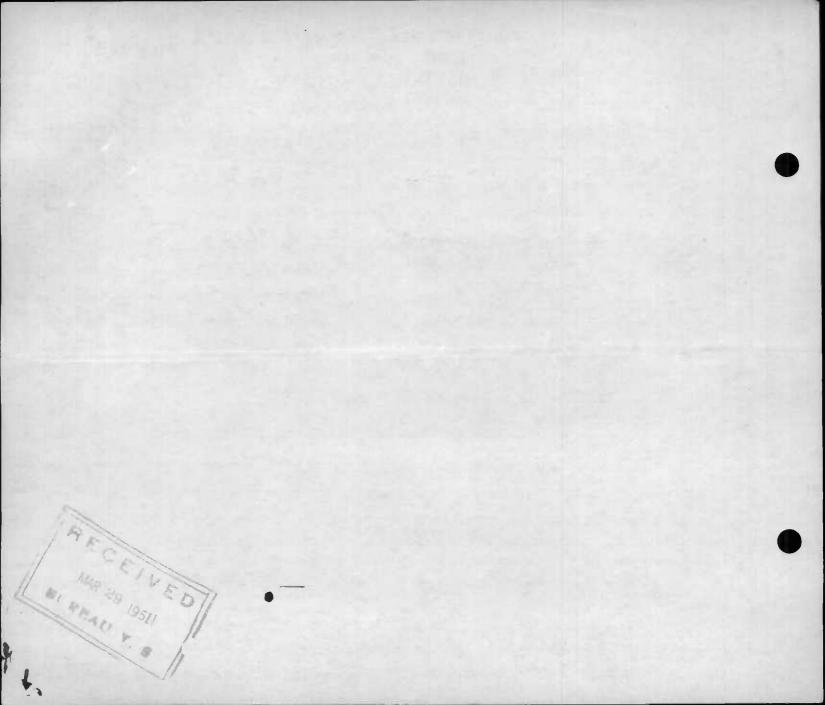
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02783

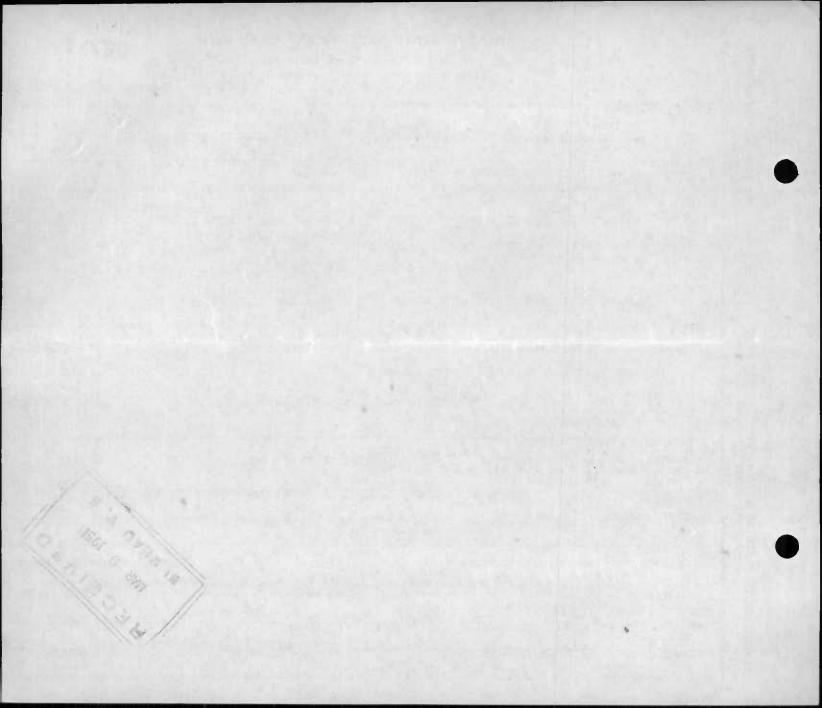
COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED STATE
MARVIANI)	maryland montoscules
CITY (If outside con orate limits, write RURAL and LENGTH OF STAY OR give neares) (with) TOWN	CITY (II out the to porte limit, write RURAL and give nearest town OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brown Red force	STREET R.7.3 (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Mouch 2/ 195/
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWELL DIVORD.	ADATE OF BIRTH 9. AGE last birthday If under 1 year Hours Min. Hours Min.
10. USUAL OCCUPATION (Give kind of work done to ing most of working life from if retired)	11. DIVIHULCE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	14. NOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 80, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Bellesda,
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
H222 Immediate cause (a) Vrecuia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause station the underlying sause last	carditis 20 yer
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	umatoid arthritis 30 yrs
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No K
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not While at Not While Not Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov	, 1956, to Monch, 195/, that I last saw the deceased
alive on Monda 30, 19.57, and that death occurred at	ADDRESS DATE SIGNED
A. D. Bonifact M. D.	Jaudy Spring, Md 3/21/51
REMOVAL (Specify 3/23/51/h) 3102	RY OR CREMATORY LOCATION (City, to m, or county) (State)
DATE REC'D BY LOCAL REGISTRAYS SIGNATURE REG. 3-21-5-1 Gentler B Jameler	Toberta Director Bell ha



02784

CITY (if outside corporate limits, write RURAL and OR give nearest town) Olney OR give nearest town) Olney HOSPITAL OR INSTITUTION OR MONTGOMERY COUNTY General HOSPITAL OR INSTITUTION OR MONTGOMERY COUNTY GENERAL STREET ADDRESS 3. NAME OF DECEASED Martha 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) VIOLOWED, DIVORGED (Specify) VIDLOWED, DIVORGED (Specify) DIVORGED (Specify) VIDLOWED, DIVORGED (MIDLOWED, DIVORGED (Specify) VIDLOWED, DIVORGED (MIDLOWED, DIVORGED (Specify) VIDLOWED, DIVORGED (MIDLOWED, DIVORGED (MIDLOWED, DIVORGED (SPECIF) ADDRESS (STREET ADDRESS (SPECIF A	CITY (if outside corporate limits, write RURAL and OR give nearest town) Olney OR give nearest town) Olney HOSPITAL OR INSTITUTION OR MONTGOMERY County General HOSPITAL OR INSTITUTION OR MONTGOMERY COUNTY General HOSPITAL 3. NAME OF DECEASED Martha 5. SEX S. COLOR OR RACE WIDOWED. DIVORCED, (Specify) WIDOWED. DIVORCED, (MARTHED P. MARTHED P. M	1. PLACE OF DEATH	gomery	MARYLAND	2. USUAL RESIDENCE (HORSTATE Maryland
HOSPITAL OR INSTITUTION OR MONT GOMERY County General STREET ADDRESS 3. NAME OF DECEASED Martha Mannar (Type or Print) Martha Mannar 5. SEX 6. COLOR OR RACE White Specify Divorced, Divorced, Divorced, March 21,1875 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWII 6 13. FATHER'S NAME Fletcher Magruder 15. Was Deceased Ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) 18. Medical Certification 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, CITY OR TOW INDIVISION) PLACE (Home, farm, factory, street, CITY OR TOW INDIVISION) 10. INJURY (CITY OR TOW INDIVISION) PLACE (Home, farm, factory, street, CITY OR TOW INDIVISION) Confice bidg., etc.)	HOSPITAL OR MONTGOMERY County General ADDRESS STREET ADDRESS NAME OF (First) (Middle) (Last) DECEASED (Martha (Middle) (Mannar (Man			AL and LENGTH OF STAY	CITY (If outside corporate
DECEASED (Type or Print) 5. SEX Female White (Secily) WIDOWED, DIVORGED, S. DATE OF BIRTH Female White (Specily) WIDOWED (Specily) SINGLE (Specily) WIDOWED (Specily) SINGLE (Specily) SINGLE (Specily) SINGLE (Specily) (CITY OR TOW	DECEASED (Type or Print) 6. SEX Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11a. FATHER'S NAME Fletcher Magruder 15. Was Deceased Even in U.S. Armed Forces? (Yes, no, or unknown) 1(I yes, give war or dates of least	HOSPITAL OR INSTITUTION OF	R Montgomery Co		
Female White (Specify)WIGOWED, March 21,1875 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Maryland 13. FATHER'S NAME Fletcher Magruder 15. Was Decreased Ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) 16. Social Security No. (17. Informant and and Hospital Record service) 17. Informant and and Hospital Record service) 18. Medical Certification I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Wiving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS of OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE (CITY OR TOW SUICIDE HOMICIDE) Wartha Lumsof Martha Lumsof Hospital Record Hospital	Female White (Specify) MIOORED, DIVORCED, (Specify) Wildowed March 21,1875) 10a. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired) 11a. Father's Name (Maryland) 11a. Father's Name (Maryland) 11b. Mayland 11c. Mother's Maiden Name (Maryland) 11c. Mother's Maiden Name (Maryland) 11c. Mother's Maiden Name (Maryland) 11d. Mother's Maryland 11d. Mother's Maiden Name (Maryland) 11d. Mother's Maryland 11d. M	DECEASED	Martha	(Middle)	Mannar
done during most of working life, even if retired) 13. FATHER'S NAME Fletcher Magruder 15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) 18. Medical Certification 18. Medical Certification I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS of OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, CITY OR TOW Office bidg., etc.) INJURY Maryland 14. MOTHER'S MAIDEN NA Martha Lumso 16. Social Security No. 17. INFORMANT AND AD HOSPITAL CERTIFICATION 18. Medical Certification 19c. Martha Lumso Hospital Record Hospital Record 18. Medical Certification 19c. Martha Lumso Hospital Record Hospital Record 19c. Martha Lumso Hospital Record Hospital Record 19c. Martha Lumso Hospital Record 19c. Martha Lumso Hospital Record Hospital Record 19c. Martha Lumso Hospital Record Hospital Record 19c. Method Legentrication 19c. Martha Lumso Hospital Record Hospital Record Hospital Record Hospital Record Hospital Record 19c. Martha Lumso Hospital Record Hospita	Maryland Maryland Maryland Maryland Martha Lumson	Female	White	WIDOWED, DIVORCED, (Specify) WIDOWED	March 21,1875
Fletcher Magruder 15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of Service) 16. Social Security No. 17. Informant and and Hospital Record Hospital Record Hospital Record Hospital Record Record Hospital Record Recor	Fletcher Magruder 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. 17. Informant and an Hospital Record 18. Medical Certification 18. Medical Certification 18. Medical Certification 18. Medical Certification 19. Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. Other Significant Conditions outsing death. 19a. Date of Operation 19b. Major Finding of Operation 21. Accident (Specify) Place (Home, farm, factory, street, Office bidg., etc.) Time (Month) (Day) (Year) (Hour) Injury Occurred While at Not While At work 22. I hereby certify that I attended the deceased from 19. J. J. J. J. J. J. J. And that death occurred at 19. J.	done during most of v Housewill	rorking life, even if retired)		Maryland
(Yes, no, or unknown) (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Windstand Conditions, if any, giving rise to the above cause stating the underlying cause last (b) Windstand Conditions (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) OF office bidg., etc.) (CITY OR TOW	Ityes, no, or unknown (if yee, give war or dates of service) Hospital Record				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) UNJURY (CITY OR TOW	Immediate cause (a)	15. Was Decrased E (Yes, no, or unknown)	(If yes, give war or dates of	? 16. SOCIAL SECURITY NO.	116167 226
SUICIDE OF office bldg., etc.) HOMICIDE	SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 7 1, 1957, to 3 1, 1957, and that death occurred at 1, 45 mm, from the car SIGNATURE. MAL Sandy Sh	Anteceder Diseases or giving rise to	nt cause(s) conditions, if any, (b)	Histotis	Coma
	22. I hereby certify that I attended the deceased from H. J., 1957., to 3/6/2. alive on 3/6/, 19.57, and that death occurred at 11.45 cm., from the car SIGNATURE Degree or title) ADDRESS ADDRESS	Anteceder Diseases or giving rise to stating the u 11. OTHER SIGNIFI Conditions contriburelated to the disease	rt cause(s) conditions, if any, to the above cause inderlying cause last (c) CANT CONDITIONS tring to the death but not se or condition causing deat	Distris Districe	Coma sin

2. USUAL RESIDENCE (H		ECEASI	COUNT	YMont	eome	erv
CITY (If outside corpora OR ROCKVIL	te limits, writ	e RURA	L and giv	ve neare	st town)
STREET ADDRESS	(If rurs	l, give lo	eation)			
(Last)	4. DATE	(Me	onth)	(Day)	(Year)
Mannar	OF DEATH	Marc	ch	6		1951
8. DATE OF BIRTH	9. AGE last b		If under			24 hrs.
March 21,1875	75	yrs.	Months	Days	Hours	Min.
11. BIRTHPLACE (State of	r foreign count	ry)	12	CITIZ		WHAT
Maryland				COUNTE	U.S	3.
14. MOTHER'S MAIDEN						
Martha Lum						
17. INFORMANT AND						
Hospital Reco	rds					
TIFICATION				Tappene	VAL BE	
				ONE	T AND	DEATH
				7		
	.40 ***	**********				
Ema a				15	de	
MATT CAL					do	70
uni						
4				20. A	UTOPS	3Y?
				Yes	0	No Y
(CITY OR T	OWN)	(0	COUNTY)		STATE)
(6		-	
HOW DID INJURY OCC	CURI					
4						
, 1957 , to 3/ G	1, 19.5	, that	I last s	aw the	dece	ased
ADDRESS from the	1			ated a		
186	3	2	- /	-	(/	
andy of	7	110	2	3/	6/	JZ
	OCATION (C	ity, town	a, or coun	ty)	/(St	ite)
usion 1	Toctor	ill	e		X	pl
24. FUNERAL DIRECTO	BY		0	ADI	DRESS	
1 abert	y. Vu	ma	ch	A.		
	19 och	ull	de	m	785	



2411 N. Charles Street, Baltimore

112785

CERTIFICATE OF DEATH

OEKI IFIONI	Reg. Dist. No	
1. PLACE OF DEATH- COUNTY MONTGOMERY, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY MONT	YOMEKY.
CITY (If outside corporate limits, write RURAL and OR give nearest town)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR 2 2 0 Co. ////ARASE AVE	STREET (If rural, give location) ADDRESS 206. HILL AR ROSE. A	VE
3. NAME OF DECEASED (First) (First) (Middle) (Type or Print)	ARESCH 4. DATE (Month) OF DEATH MALL	(Day) (Year) 30 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WI OF W	1714,30,1660 0 T yrs. 1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of vorking life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHER'S NAME ON USTAF KNOFE	PAULINE KNOFE	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS ANTHONY, MAKESCH, 2206. HILDA	BOSE. AUE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) SENILITY.	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
giving rise to the above cause stating the underlying cause last (c) ARTERIOS CLERE	OTIC HEART DISEASE. PHOSIS AND LT. THORACIC SCORE	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	THOSIS AND AT THORACIE SOLVE	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
alive on	ADDRESS 648GEORGIR AVE. SILVER SPRING, M3. 30	ated above. DATE SIGNED
	WAS	H.D.C. KW

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

M

VS. A15



07

WRITE

PLEASE A15

every item of information carefully. e causes of death clearly and legibly. Supply Write t

823

correct

The

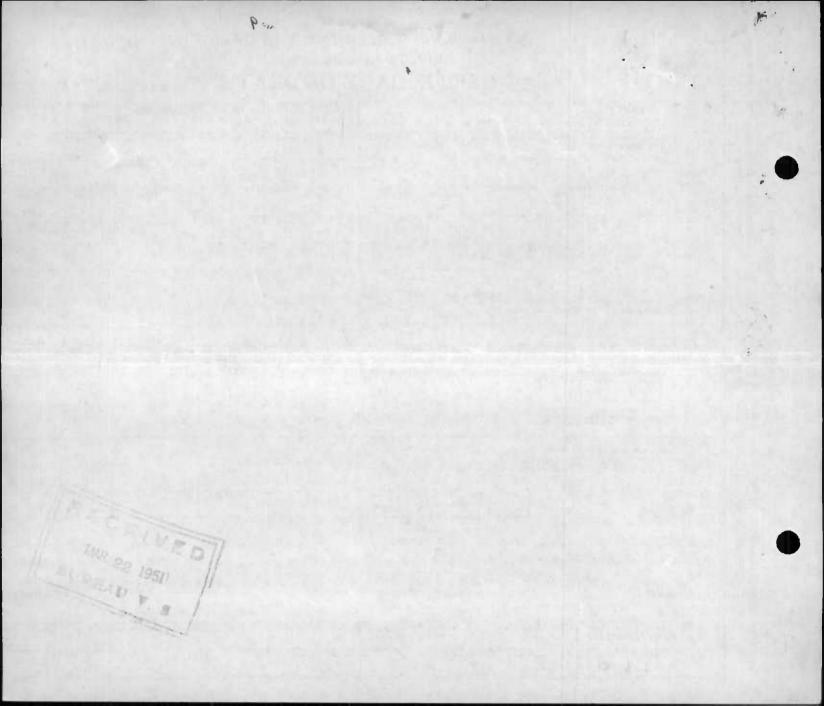
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02786

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Montgomery STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) TOWN hinalon HOSPITAL OR STREET (li runal, give location) INSTITUTION OR STREET ADDRESS ADDRESS uburban 5 0 3. NAME OF (Middle) · (Last) 4. DATE (Month) (Day) (Year) DECEASED OF sephine arino (Type or Print) DEATH 19 0 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MAYYICA 6. COLOR OR RACE 9. AGE last birthday If under I year Montha Days Hours Min. 8. DATE OF BIRTH III under 24 hrs. emale d 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10h. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? 14. MOTHER'S MAIDEN NAME nomas Lastrua 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of marino -18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 24 hours Immediate cause 420, Antecedent cause(s) a Arteriosclerosis Generalized Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not 17 heum atro related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗍 No T 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) INJURY OCCURRED (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from July, 1948, to Mar. 6, 1951, that I last saw the deceased alive on Man (e..., 1951, and that death occurred at 00 P. m., from the causes and on the date stated above. SIGNATURE (Degree or title) DATE SIGNED an 6, 6 6900 W semmi Que 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REG.



The correct age

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02787

I. PLACE OF DEAT			2. USUAL RESIDENCE (II		CEASED.	Y	
Mon	tgomery	MARYLAND AL and LENGTH OF STAY	CITY (If outside corpora		Montgo	mery	100
OR give Sarres	ver Spring	(in this place)	OB	Spring	reo reversi and gr	Ad Hear oat 104	· u j
HOSPITAL OR			STREET	(If rural,	give location)		
INSTITUTION O	ess 1510 Semina	ry Road	ADDRESS 1510 Se	eminary F	Road		
3. NAME OF DECEASED	(First)	(Middle)	M (Last)	4. DATE OF	(Month)	(Day)	(Year)
(Type or Print)	Eleanor	N	PIARKEY	DEATH	March	22	1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		9. AGE last birt	Months	Days Hou	
10a HISHAL OCCUI	PATION (Give kind of work	10b. KIND OF BUSINESS OR	Dec. 10. 1898	foreign country	yrs. (. CITIZEN O	P WHAT
done during most of Housewife	working life, even if retired)	Own home	Colorado			COUNTRY	
13. FATHER'S NAM		THE PARTY OF THE P	14. MOTHER'S MAIDEN				
John L.				(nown)			
	EVER IN U.S. ARMED FORCES) (If yes, give war or dates or		17. INFORMANT Mr. 1510 Seminary	John P.	Markey		(3
no	service)	none		r Road, S	oliver St	ring, N	id.
	ALIDAMANA DINIGHIA	18. MEDICAL CE	KIIFICATION			INTERVAL I	BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY		1/			ONSET AND	DEATH
Immedia	te cause (a)	INTESTINAL	HEMORRHAGE			200	20-
602x Antecede	ent cause(s)	STAGHORN (AL	en ue LEET	KIDNE	= 1/	1	1
Diseases or	conditions, if any, (b)	+ / / 6-/7 0 KW (// -		/(/ 2) ~ 2	- <u>y</u>	23	
72 a stating the	underlying cause last (c)	AORTIC INSUFI	FICHENCY & EN	LARGED	HEAR	57	pre.
Conditions contrib	TICANT CONDITIONS outing to the death but not case or condition causing deat		AIPLEGIA DUE 1	-O EME	BOLISM	2	1/2.
19a. DATE OF OPI	ERATION 19b. MAJOR 1	FINDINGS OF OPERATION				20. AUTO	PSY?
ar Acceptant	(Conseller) DY A	CE (Home, farm, factory, street,	: (CITY OR T	OWNI	(COUNTY)	Yes C	
21. ACCIDENT SUICIDE HOMICIDE	OF INJU	office bldg., etc.) URY		,	(COUNTY)	(SIA)	.E)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work	HOW DID INJURY OCC	CUR7			
00 I banks and	tify that I attended the	e deceased from Sept.	, 1948, to mar	L 1051	that I last a	om the de-	
22. I hereby cer	tily that I attended the	e deceased from	7 30 0	, 15,	that I last s	aw the dec	æased
alive on SIGNATURE	3-2-1, 1921., an	d that death occurred at	ADDRESS from the	causes and or		DATE SI	IGNED
·£.10,	Inow MJ) Sil	ber Abrad.	The		3-23-	-51
23. BURIAL, CREM	MATION DATE THERE			OCATION (City			State)
Burial (Spe		SIGNATURE SIGNATURE	Catholic Cemeter		omery	ADDRES	
REG. 3	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. / 2 // 1	Warner & Tumphen 8.		tvo Si		-
	U Gran		CI CI	474 00. 1	Marvl		TIE



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH				(HOME) OF DECEASED.	
COUNTY	ontgomery	MARYLAND	STATE Distr	ict of Column	BIT
CITY (If outside co	orporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpo	cate limits, write RURAL an	d give nearest town)
TOWN BE	ethesda, Rur	al insthidays	Town Wash	ington	
HOSPITAL OR INSTITUTION OF	D		STREET	(If rural, give location	
STREET ADDRES	ss U.S. Nav	al Hospital	ADDRESS 341	l Newark Stre	eet, NW
3. NAME OF DECEASED	(First)	(Middie)	(Last)	4. DATE (Month)	
(Type or Print)	Vermelia	Wells	MATNEY	OF DEATH March	18, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 100Wed	8. DATE OF BIRTH	9. AGE last birthday If u	nder I year If under 24 hr ths Days Hours Min.
Female	ATION (Give kind of work		Feb 3,1877		
done during most of w	wrking life, even If retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAM	E		14. MOTHER'S MAIDER	N NAME	
	nus WELLS			KILLINGSWORTI	H
(Yes, no er unknown)	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	Son: Willia	ADDRESS m MATNEY	
210	service)		RTIFICATION Same		
I DIGELEES OF CO	NDITIONS DIRECTLY		MILITORIJON DOMO		INTERVAL BETWEEN
I. DISEASES OR CO	MUITIONS DIRECTLI		1		ONSET AND DEATE
Immediate	e cause (a)	Cenemana	y Moma	eh	Dueley
giving rise to	nt cause(s) conditions, if any, the above cause inderlying cause last				
	(c)				
Conditions contribu	CANT CONDITIONS sting to the death but not se or condition causing deat	h.			
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🕅 No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COUN	ITY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OG	CCUR?	
OF INJURY	m.	While at Not While Work At work			
22. I hereby corti	ify that I attended the	e deceased from Mar 4	19 51 to Mar	18 19 51 that T le	st saw the deceased
	70 E7	decomposition in the second	E.E. D	ming Ivining that I la	or saw the deceased
alive on Ma:	19 JI, an	d that death occurred at	ADDRESS from the	e causes and on the dat	e stated above. DATE SIGNED
EM. SPAUL	DING, CDR, M	c, USN U.S. NA	AVAL HOSPITAL	March 19	, 1951
23. BURIAL, CREM.	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	Ft. Smith, A:	
DATE REC'D BY	LOCAL RECESTRAR'S		24. FUNERAL DIRECT		ADDRESS
Mar 19,19	of real	Williamylow.	I Chevy Chase	runerar nom	ington Do
			Wisconsin A	ve., NW, Wash	THE COH, DO

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

/S. Alb

PLEASE

amort with the bill to be TO THE LEADING THE COMMENT OF THE LEADING THE LONG TO STORY CHI , इंग्रेंबार ". deal , , ,

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

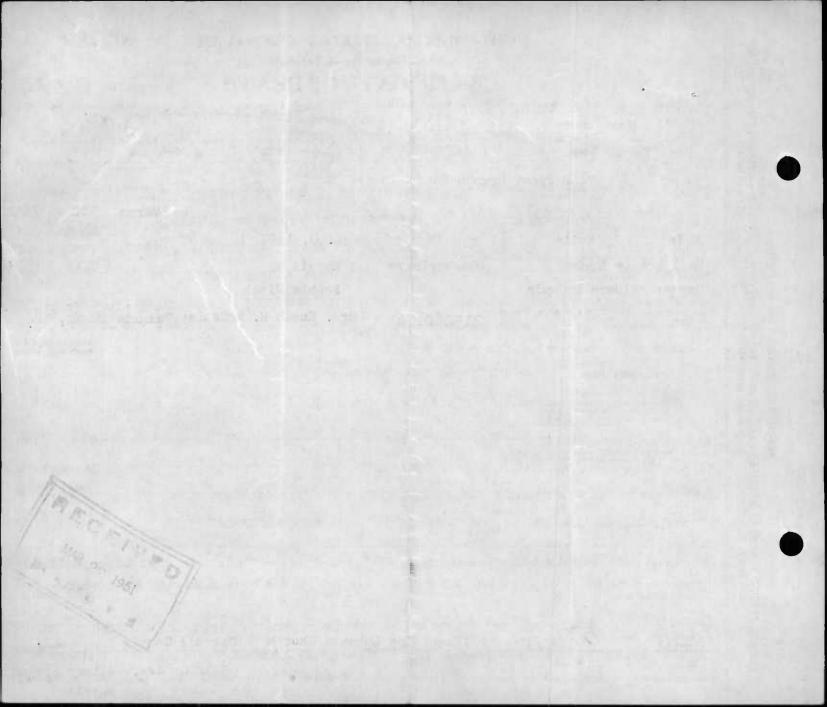
Reg. Dist. No. 223-

	208. 210. 110
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgowers
CITY (If outside corporate ilmits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town Park (in this place)	TOWN Takowa Park
HOSPITAL OR INSTITUTION OR CASE DATE DATE DATE DATE DATE DATE DATE DAT	STREET (Li-rural, give location)
STREET ADDRESS 7432 Piney Branch Road	ADDRESS 7432 Piney Branch
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yes
(Type or Print) George Hayward M	CCauley DEATH March 20 - 1951
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
6. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	Teb. 8. 1889
done during most of working life, even if retired) INDUSTRY Real Estate Broker Own business	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hayward Eldern McCauley	Sophia Misal
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
(Yes, no, or unknown) I (If yes, give war or dates of	Mrs. Susan H. McCauley, Takoma Park, Md.
no service) 215260176 18. MEDICAL CE	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
acute Course	stive Cardiae Tacluse Temmal
Immediate cause (a)	
443 Antecedent cause(s)	7/ -
Diseases or conditions, if any, giving rise to the above cause	- Jelen
92 stating the underlying cause last	1
(c) Cardio vas	enlar Disease Years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes [] No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF White mt Not White	HOW DID INJURY OCCUR?
INJURY m. Work At work	
as I I also will that I altered the decorate the Refer	1050 March 20.051 11.
22. I hereby certify that I attended the deceased from Web-	, 19, that I last saw the deceased
alive on March 18, 1951, and that death occurred at	20 Q.m. from the causes and on the date stated shove
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
IN STATE OF THE ST	T1. 71. 41 31 1-
Trong astare non	1 akouea /ark, Md. 3/20/5/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	(Ocare)
Burial 3/22/51/ East View tu	thern Church Carroll County Md,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3 -11-57	24. FUNERAL DIRECTOR ADDRESS
JAS MINNEN NOUN	Warmen to Lumphrey 8434 Ga Ave., Silver Spring
	470 74 Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age

VS. A15



2411 N. Charles Street, Baltimore

9 19 GERTIFICATE OF DEATH 132 APR

Wash

D.C.

02790

HIMNO. G 132 APR 9 1954 ERTIFICAT	E OF DEATH Reg. Dist. No	223
I. PLACE OF DEATHOUSE COUNTY MONTGOMETY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE District of Columbianty	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Takoma Perk Lindblugher Takoma Perk	CITY (If outside corporate limits, write RURAL and given or TOWN Washington	e nearest town)
INSTITUTION OR 11 Phila Ave., STREET ADDRESS Nursing Home	STREET (If rural give location) ADDRESS 2205 California St.	N.W. /
8. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF DEATH March	(Day) (Year) 29 1951
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWEL (Specify) 1 COWED	8. DATE OF BIRTH 9. AGE last birthday If under Months with Months 19. AGE last birthday Months 19. AGE	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	Washington, D. C.	COUNTRY? S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frank H. Harrington	Rosa Callan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of NO service)	Virginia McCormick(Step Day	ighter)
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Q. '	ONSET AND DEATH
Immediate cause (a) Deutonijon	na Verrionee	- T * 0 00 00 1 * 0 1 1 0 1 0 1 0 1 1 0 1 1 1 1
Antecedent cause(s) Diseases or conditions, if any, (b)		
He giving rise to the above cause stating the underlying cause last (c)		86000000000000000000000000000000000000
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	1.10/53 3	20. AUTOPSY?
	peritoneum (4/9/51 akc)	Yes No
27. ACCIDENT / (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Gcf.	, 1949, to 3/29, 195/, that I last sa	aw the deceased
alive on	ADDRESS On the causes and on the date sta	ted above.
Feland J. mabben, m W.	1463 Rhode Doland arz NW	. 3/29/
REMOVAL (Specify)	TRY OR CREMATORY LOCATION (City, town, or county in Natl. Cem. Arlington	y) (State) Va,
DATE REC'D BY LOCAL REGIS CRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG/29/51 St. Whon Loud	Joseph Gawler's Sons 1756 1	Pa Ave. nw

The correct age

02791

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Montgomery MARYLAND	STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR givo nearest town) Se thesda (in this place)	TOWN Washington
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS Subuehan Hospital	ADDRESS 115 C1445 Rd. N. E
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Amy Elizabeth	mall OF march
5. SEX 6. COLOR OR RACE 17. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If uoder 1 year If under 24 hrs.
5. SEX 7 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	Months Darm Fraum Mil-
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
dooe during most of working life even if retired) INDUSTRY	Balto. Ind. COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hartung	J. Bit.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SECIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, oo, or uoknowo) (If yes, give war or dates of	Horace A. Mell - 10104 Gladstone Silver
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
I. DISEASES ON CONDITIONS DIRECTLY LEADING TO DEATH	ONERT AND DEATH
Immediate cause (a) ingestive to	east failure 4 wks
443 Antecedent cause(s)	
Diseases or cooditions, if any, (b)	+ word suseene our
giving rise to the above cause stating the underlying cause last	
(c) Vulnyrar	4 subjection 3 miss.
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death	- mencurial director 3 dags
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes & No 14
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY	
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
Dal-	Cherry1
22. I hereby certify that I attended the deceased from	1950, to contain, 1951, that I last saw the deceased
alive on 3-/, 1957, and that death occurred at 9	: 30 Pm from the courses and on the date stated shows
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
Francisco ma (Sa sacrete mas)	Jan 11 Ma 11/10 DD 3-451
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify), 3-1-51	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 3-1-51 Jelen Kurrach	Will. Chamben (1), 1400 cheping st
The state of the s	
Jan	D.C.



VS. A15

N

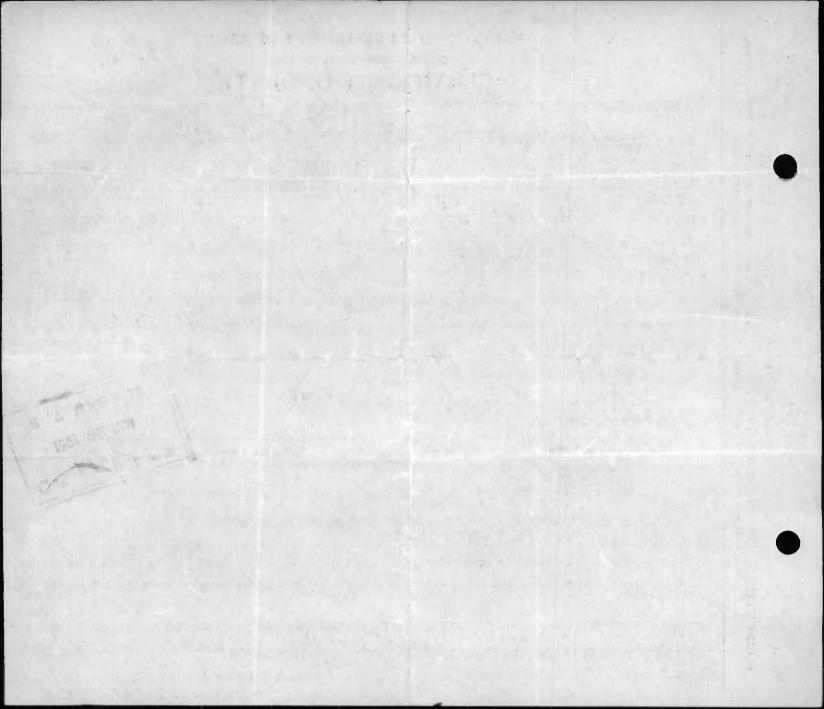
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02792

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
VILLIUM MARYLAND	STATE MENTAGOMENS COUNTY	prior
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(5)
(Type or Print) WARV AAHLLERG MI	11 berry OF DEATH 3-2	(Day) (Year) 2-5/19
6. SEX 6. COLOR OR RACE 7. GRICBE, MARRIED, WIDOWED, OFFICED, (Specify) (Specify)	7-4-95 55 yrs. Months	Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAME UNKNOWN	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Jake Miller Barrisville	le md.
18. MEDICAL CO	RTIFICATION	- 12
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Metastatic (- arcin om a	one month
giving rise to the above cause	of undetermined pelvic organ	4 years
stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ay text o Scleyo	1515 Generalized.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from I Jan	, 1950, to 22 Maych, 1951, that I last se	w the deceased
alive on 22 Maxch, 1951, and that death occurred at 3	ADDRESS and on the date sta	ited above.
Gordon M. Smith, M. D.	Barnesville 22	march 51
Burial 3/24/51 Bells C	ay or Crimatory Location (City, town, or county)	(State)
DATE REC'D BY LOCAL I RIGHTER'S SIGNATURE	FUNERAL DIRECTOR B. Hillo	ADDRESS
	Barnesville	nort



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(12793216

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED. TOTAL OF
COUNTY Montgomery MARYLAND	STATE M. COUNTY LAYLOR West. McCOUNTY Virginia
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL, and give nearest town)
OR give nearest town) (in this place)	II OR 1 1 O A 1 II A
TOWN DETNESOR 10 days	TOWN WOODS OF THE TOWN OF THE TOWN
HOSPITAL OR INSTITUTION OR SULLING	STREET (If rural, give location) O W. Va.
STREET ADDRESS JUDILY DAY HOSP.	ADDRESS 239 West Washington St., Grafton
3. NAME OF (First) (Middle)	
DECEASED	OB (Zoni)
(Type or Print) William Michael	TOTAN DEATH MATCH 17 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Male White (Specify) Married	Dec. 18, 1881 69 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of	11. BIRTHPLACE (State or foreign couptry) 12. CITIZEN OF WHAT
done during most of working lile, even if retired) S. NDUSTR. Pai YOAA	No. hand I Country?
leregrapher ip. 10.172/117080	HEWDUIG WEST HIGHNIZE 1.5.
13. FATHER'S SAME	14. MOTHER'S MAIDEN NAME
Patrick A. Moran	Mary Anne Daley
15. WAS DECRASED EVER IN U.S. ARNED FORCES? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Grafton, W. Va.
(Yes, no, or unknown) (If yes, give war or dates of 705-03-6733	Mrs.Marion S.Moran, 239 W.Washington St.,
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
	00.
Immediate cause (a)//Will any lmy	Jalesm Source undetermined 30 mins.
1100	
Antecedent cause(s)	win with resonance coloresis land the
Diseases or conditiona, if any, (b) (b)	geon win convery & vectores omeneus
9401 stating the underlying cause last	- DD . 1 A DD 1 L-1 DA 1
(c) Bornan hukerli	ontre proteti alla hacha chillient 6 mos.
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
	lived articiosclerais
related to the disease or condition causing death.	lived articios cleroses
	lived artirio Cleroses 20. AUTOPSY?
related to the disease or condition causing death.	lived articos (20. AUTOPSY?
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	Yes No 🗆
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	Yes No 🗆
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1	(CITY OR TOWN) (COUNTY) Yes No
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY OCCURRED OF OF While at Not While Not While Not Work At work 22. I hereby certify that I attended the deceased from 1. March alive on 1. March 19.5, and that death occurred at	HOW DID INJURY OCCUR? 1957, to 7 hach, 1957, that I last saw the deceased 3.m., from the causes and on the date stated above.
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1	(CITY OR TOWN) (COUNTY) Yes No
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY OCCURRED OF OF While at Not While Not While Not Work At work 22. I hereby certify that I attended the deceased from 1. March alive on 1. March 19.5, and that death occurred at	HOW DID INJURY OCCUR? 1957, to 7 hach, 1957, that I last saw the deceased 3.m., from the causes and on the date stated above.
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY OCCURRED OF OFFICE Not While work At work At work At work At work At work SIGNATURE. OPERATION	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 1957, to // Mach, 1957, that I last saw the deceased SD a.m., from the causes and on the date stated above. ADDRESS 3921 Magman St. Mala C. 3.17.57
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 19a. DATE OF OPERATION (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 10a. DATE OF OPERATION (Hour) INJURY OCCURRED While at Not While Not Work At work 22. I hereby certify that I attended the deceased from At work 23. PURE CREMATION DATE THEREOF NAME OF CEMETE!	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? ADDRESS A. m., from the causes and on the date stated above. ADDRESS ACT SIGNED 392/ Magaman A. Maha C. 3.17.57 RY OR CREMATORY LOCATIO: (City Leave to County) (State)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 22. ACCIDENT (Specify) OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from At work 23. PURE CREMATION DAYE THEREOF NAME OF CEMETE REMOVAL Specify) Burnals (Assumed) 3 / 8 / Mt. Calvary	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) (STATE)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 19a. DATE (Home) (Specify) (Farm) (Hour) (NJURY) (Parm)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? ADDRESS A. m., from the causes and on the date stated above. ADDRESS ACT SIGNED 392/ Magaman A. Maha C. 3.17.57 RY OR CREMATORY LOCATIO: (City Leave to County) (State)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 22. ACCIDENT (Specify) OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from At work 23. PURE CREMATION DAYE THEREOF NAME OF CEMETE REMOVAL Specify) Burnals (Assumed) 3 / 8 / Mt. Calvary	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) (STATE)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 19a. DATE (Home) (Specify) (Farm) (Hour) (NJURY) (Parm)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) (STATE)

THE RESERVE OF THE PARTY OF THE ARS 5 1951 BURGAU V. 8 AV. W. LOD TO TOTAL

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02794

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	och 1
MARILAND	Md.	mon.
CITY (If outside cornerate limits, write RURAL and CITY (In this place) TOWN CITY (If outside cornerate limits, write RURAL and CITY (in this place)	CITY (If outside corporate limits, write RURAL and gi-	ve nearest town)
TOWN Silver Sp. 64/15.	TOWN seever springe	٠ -
HOSPITAL OR INSTITUTION OR	STREET (Urwal, give location)	1
STREET ADDRESS 6/5 Miss we.	613 miss, co	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) FRANK	DEATH /// DEATH	15 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8, DATE OF BIRTH 9. AGE last birthday If under	1 year 1 under 24 hrs. Days Hours Min.
Male Wall (Specify) Again	Jef 16: 1183 06 yrs.	
10a. USUAL OCCUPATION (Give kied of work dorse during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	COUNTERS OF WHAT
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Richard Morgan -	Mary Micen	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS	000
(Yes, no. or unknown) (If yes, give war or dates of strong service)	Mrs Richard Nours Jan	deady!
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
01.0	a man a a l	1-3 900
422.2 Immediate cause (a) Cardian Security		
Antecedent cause(s)		7
Diseases or conditions, if any, (b)	scorsons	00 to 00 to 0 ; 4 0 0 to 0 ; 5 0 0 to 0 0 ; 5 0 0 to 0 0 0 to 0 to 0
giving rise to the above cause grating the underlying cause last		
. (e)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. "		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🖯
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) · (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
	1 . 51. 15 march 51 11 111	11 1
22. I hereby certify that I attended the deceased from . (5-1-	71, 19.3.1, to	saw the deceased
alive on/ 5 hand, 195, and that death occurred at	A.m. from the causes and on the date s	tated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Miller D. Cand M.D.	let en ofpring	5 Mund 51
23 RURIAL CREMATION DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or coun	nty) (State)
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	and male	hh h
July 1 1/10/1999	24. FUNERAL DIRECTOR	ADDRESS
PEC 3	101 - 10 11/1 Co 2000 000	CA WA
15/5/ Mances hotter	veroge w. w. se co., agoo - m.	VI NAV
	583 UV Washington	, 0.0.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.216.....

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	M
IVIANIAA MEKU MARYLAND	CITY (If outside corporate limits, write RURAL and give	1001.
CITY (If outside corporate limits, write RURAL and OR givo nearest town) Sethes a day (In this place)	OR TOWN Bethesda	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS OU DUY DAM	ADDRESS 8300 Burdette Ro	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) [S C T T	OTTIOON DEATH PAYON	2 195
Temale White Widowed Divorced		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	Monigomery Co, Md.	COUNTRY? U. S
13. FATHER'S NAME	13. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS (
(Yes, no, or unknown) (If yes, give war or dates of service)	Daughter - Mrs. June Bowmar	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Q.	existory Failure.	2 days
Immediate cause (a)		0.00
442 X Antecedent cause(s) Diseases or conditions, if any, (b)	is Cardio-renal deserve	Lyears
giving rise to the above cause stating the underlying cause last		0 /-
(c) Cerebrel	temorkage	2 days
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Lemonhage iatete kellitus	2 years
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
DYACK W.	CONTRACTOR AND PROPERTY.	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. While at Not While Work At work	HOW DID INJURY OCCUR?	
	1949, to march 2, 1951, that I last s	
1 4		
alive on head 3, 1957, and that death occurred at 3	1.15 P.m., from the causes and on the date st	ated above.
SIGNATURE A LA LAGRAGA (Degree or tiple)	ADDRESS CARRIE QUE	DATE SIGNED
		~/ «/ J/
C parties of A More A	Cherry Chase kee	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) Mar 5,1951 Mt. Zion	RY OR CREMATORY LOCATION (City, town, or count Bethesda, Mary)	
REMOVAL (Speelfy) Mar 5, 1951 Mt. Zion DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Bethesda, Maryl	and
REMOVAL (Specify) Mar 5,1951 Mt. Zion	Bethesda.Marvl	and



2411 N. Charles Street, Baltimore

02796

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED.			
Montgomery Maryland		STATE COUNTY Maryland Montgomery CITY (If outside corporate limits, write RURAL and give nearest town)			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and		give nearest town)			
	Browningsvil	le (in this place)	Town Rural	Nr. Browning	sville
HOSPITAL OR	PFD Mo	nnoi o	STREET	(If rurai, give location)	
INSTITUTION OR R.F.D. Monrovia		ADDRESS R.F.	D. Monrovia		
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Mary	Ardella	Moxlev	OF	0
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday If und	
Female	White	WIDOWED, DIVORCED, (Specify) Married	Feb. 5.1888	63 yrs. Month	us. Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10h. KIND OF BUSINESS OF	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT
done-during most of w	prking life, even if retired)	INDUSTRY home	Montgomery		Country
13. FATHER'S NAM		Own nome	14. MOTHER'S MAIDEN	NAME	UDA
A. I.ir	ncoln Burdet	t.e	Nellie F		
15 WAS DECRASED EV	TER IN IIS ARMED FORCES	7 I 16 SOCIAL SECURITY NO	17. INFORMANT	TIIB	
(Yes, no or unknown)	(If year, give war or dates of service)	none	Emony D A	Moxley, Monroy	et o Ma
	ser vice)	1 Homo	t Emoly D. 1	TOXIEY, MOTITO	/Ia, Mu.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	•		ONSET AND DEATH
Y	(4)	1. ormans or	201101		1 Paras
Immediate	cause (a)	G COLOND			1000
260 × Anteceden	t cause(s)	e - N X		1	
Diseases or c	conditions, if any, (b)	literuscherchi.	cardiovascular	disease	10 years
ELVIOR LISE CO	the above cause nderlying cause last	10: Leter mel	liture		Colouran
II. OTHER SIGNIFIC	CANT CONDITIONS	Decorat man	XXXXV		J. Gener
Conditions contribu	ting to the death but not	L			
	se or condition causing deat	FINDINGS OF OPERATION			1 20. AUTOPSY?
IVE. DIVID OF OTHE	100.	and and an area area.			20. AUTUPSYT
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	· (CIMY OD T	OWN (SOUNT	Yes No
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)	(CITY OR T	OWN) (COUNT	Y) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
		10.11	- 74 A		
22. I hereby certi	fy that I attended the	e deceased from uly 15	, 19.92, toMarch	, 195.1, that I last	saw the deceased
alive on fally	ary 24 1951 an	d that death occurred at. 9	:30 a.m from the	causes and on the date	stated above
SIGNATURE	() 11 =	(Pegree or title)	ADDRESS	tauses and on the date	DATE SIGNED
James	okt. Kenn	M.T.	Domaseus M	1.	3/0/21
	4 1 36000 /	7		V	117/71
23. BURLAL, CREMA				OCATION (City, town, or cou	(= +44-0)
			ry Chapel	Claggettsvill	
DATE REC'D BY I	1 2 4	SIGNAPURE	24. FUNERAL DIRECTO		ADDRESS
Mar: 9,195	I d'ella	UV, Burdelle	Olin L. Mole	sworth, Damas	cus. Md.

MEGELAKE

-

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02797

1. PLACE OF DEATH. MODI.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY WAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	STATE COUNTY	int.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
OR give nearest town hevy Chase (in this place)		nevy Chase
HOSPITAL OR	STREET (If rural, give location)	onase
INSTITUTION OR 708-Dorset fl	ADDRESS 708 do sty	gr .
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ATHATINE E N	AGLE DEATH 7	27 125/
6. COLOR OR RACE 7. SINGLE, MARRIED, (WIDOWED) DIVORCED,	8. DATE OF PIRTH 9. AGE last hirthday If under Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ABShory J. Selimote	Crekarine F Th	adul.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	2 10
service)	Trasph Magle 108	Lasty
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
0 0 :- 2		110
Immediate cause (a) Cardiac DA	mpusation	4 days
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	None	20 yra
n. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	ty	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
m. a	2 51 2 2 01	
22. I hereby certify that I attended the deceased from	2, 195/, to Mar 23, 195/, that I last se	w the deceased
202-120105/		1
		(signy)
alive on 1921, and that death occurred at SIGNATURE (Degree or title)	m., from the causes and on the date sta	ated above. DATE SIGNED
Signaturi. (Degree or title)	ADDRESS N.W. Wash S.C. M.	
SIGNATURI: (Degree or title) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER 25. BURIAL CREMATION DATE THEREOF NAME OF CEMETER 26. BURIAL CREMATION DATE THEREOF NAME OF CEMETER 27. BURIAL CREMATION DATE THEREOF NAME OF CEMETER 28. BURIAL CREMATION DATE THEREOF NAME OF CEMETER 29. BURIAL CREMATION DATE THEREOF DATE THEREOF	ADDRESS	DATE SIGNED
SIGNATURE: (Degree or title) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) REMOVAL (Specify) REMOVAL	ADDRESS NW. Wash &C. M.	DATE SIGNED
SIGNATURIA DATE THE RECTOR BY LOCAL REGISTRAR'S SIGNATURE (Degree or title) 1. 400 - 10 1.	ADDRESS ADDRESS N.W. Wash S.C. M. RY OR CREMATORY LOCATION (City, town, or count	DATE SIGNED (State)

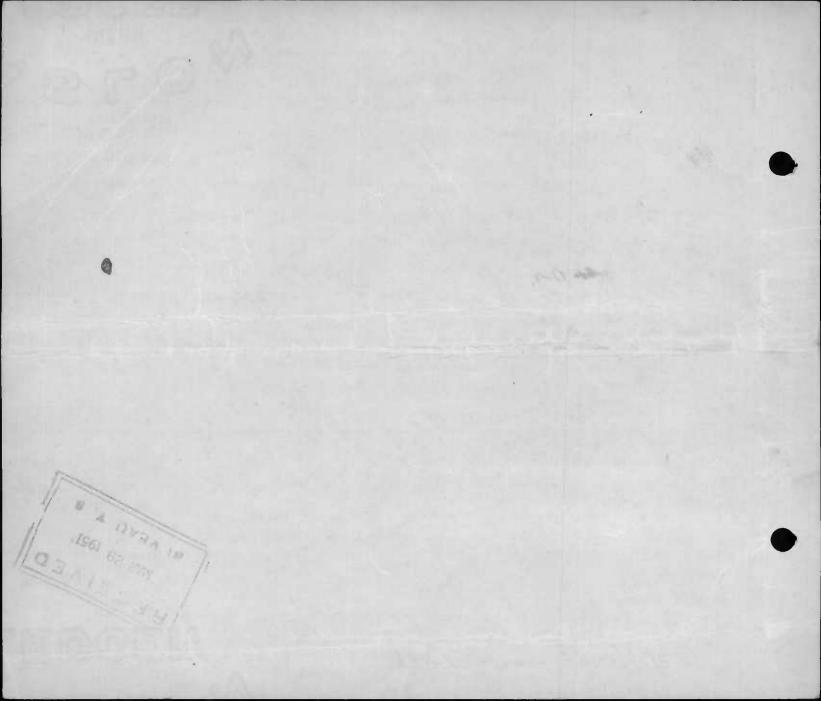
Lam attending this patient in the the city of her regular physian Dr Wm Lackett, Permission to sign the certificate was obtained from the Sheet med Ind.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If optage corporate limits, write RURAL and give nearest town)
TOWN Committee my (in this place)	TOWN of oftonwille Mg
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) () EAN	NICHOLSON DEATH MAN 2E 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hr
FEMALE VITTIE (Specify) Sugar	SEPT 1-1943 7 yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	margrand (us) A
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN US AND FORCES? 16. SOCIAL SECURITY NO.	17 NEORMANT AND ADDRESS
(Yes. no, or unknown) (If yes. at war or dates of service)	S. C. C. C. C. C. T.
18. MEDICAL CE	PTIETCATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	ONSET AND DEATE
Immediate cause (a) Cerebral lac	eration & person hope metant
Antecedent cause(s)	me of should death
Diseases or conditions, if any, (b)	and formation of the second
stating the underlying cause last	
(r)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	It clavile and frasino
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Justine Davis
DATE OF OURRATION 150. MAJOR PINDINGS OF OPERATION	20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Hnme, Jarm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY FOR CONTRIBUTING OF Office blanetc.	LAT IN TO S
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW PID INJURY OCCUR?
OF INJURY/No. 24-51-1:45° m. While at Nnt while at work	struck by ant
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy. Inspection or Inquiry, find that said dece	sutopsy M. Inspection (), Inquiry \(\) thereon and from the evidence ased died on the day stoted above, and deoth in my opinion resulted
from: natural couses , accident X, suicide , homicide .	undetermined .
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Frank (Vinoschart M. 1)	Yester hang med 3-24-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
Busine (Surghy) mar 26/25/2 attorns	
DATE RECO BY LOCAL PROJECTISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
12411 Sour DTell	Voy Mr Barber A glonnille



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

•		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY	TOMA 19 TT
CITY (If outside corporate limits, write RURAL and 1 LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and git	e nearest town)
Town Bethesda, Rural 29 days	Town Bethesda	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	ADDRESS 4612 Highland Avenu	10
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	OF	
(Type or Print) JONN JOSOPN (5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last birthday H under	1951
Male White WIDOWED DIVORCED. (Specify) Married	Jan 24.1911 40 yrs. Olths	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired) U.S. Navy	Washington, D.C.	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John O'CONNELL	Elizabeth FLEMING	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no or unknown) (If yes, give yer or dates of second	Wife: Catherine R. O'CONI	VELL
18. MEDICAL CE	RTIFICATION Same as item # 2	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	" "	INTERVAL BETWEEN ONSET AND DEATH
	0 6/1 1 1	/
192 Immediate cause (a) Miorua NEC	2) Oligodendrogliona	6 years
10x	' /	
Antecedent cause(s) Diseases or conditions, if any, (b)		
5H1 giving rise to the above cause	1 - 4	
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
138. DATE OF OTERATION 138. MASON PRODUCTS OF OTERATION		-
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
A Tob A		
22. I hereby certify that I attended the deceased from Feb 4.	, 19.D.L., to MAR. Z, 19.D.L, that I last s	aw the deceased
alive op/ Mar 2 , 19.51, and that death occurred at	20 Pm from the causes and on the date at	atad abawa
SIGNATURE CLL CLL CLL (Degree or title)	ADDRESS	DATE SIGNED
	MAVAL HOSPITAL March 3	1951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	(State)
23. BUHJAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) Mar 6,1951 Arlington		
	24. FUNERAL DIRECTOR	ADDRESS
REG. 7 3053 10 11 1 1 1	Jas. T. Ryan, 317 Pennsyl	wania
Mar 3, 1951 Eleck wallingen	Ave. S.E. Washington, I	
	AVIA - DACLE - WHENT TO WITH.	Inline Com

S. A15



30.68 (00)

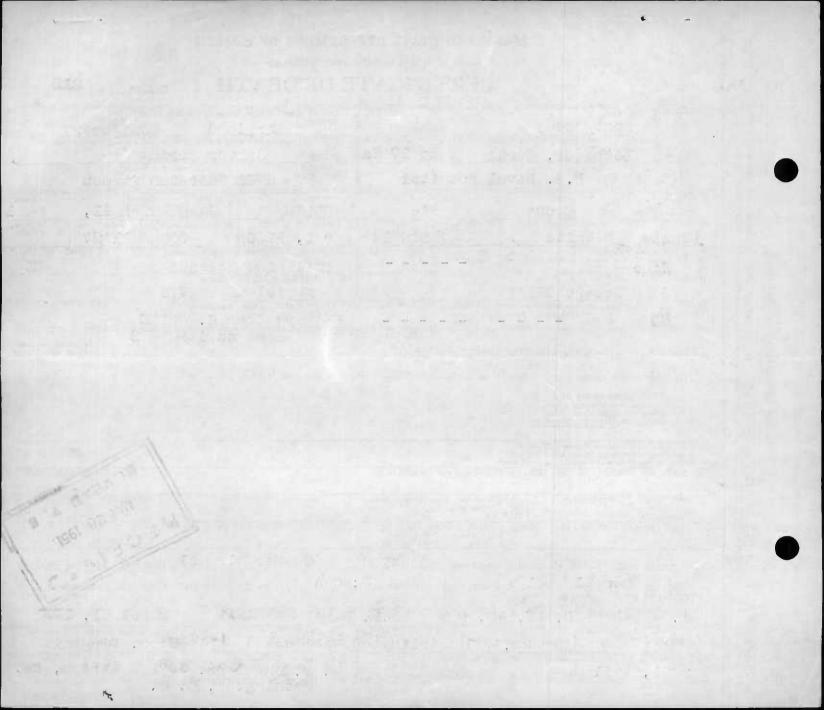
the factor of the second place

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

		CERTIFICAT	E OF DEAT	H Reg.	Dist. No. 213
1. PLACE OF DEATI			2. USUAL RESIDENCE (HOME) OF DECEASI	ED.
MO	ntgomery	MARYLAND	Marv	and Mo	county
CITY (If outside cook give nearest TOWN	thesda. Rura	- (in thisonlece)		ver Spring	AL and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS		al Hospital	STREET	(If rural, give los Sheraton	ocation)
3. NAME OF DECEASED (Type or Print)	(First) Donna	(Middle) Marie	(Last) OHLIN	4. DATE (MOOF DEATH MAY	onth) (Day) (Year) och 21, 195
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, SINGLE (Specify)	8. DATE OF BIRTH Apr 5, 1950	9. AGE last birthday OO yrs.	If under 1 year If under 24 hr. Marchs 2000 Hours Min.
done during most of w	ATION (Give kind of work rorking life, even If retired)		Philipine	or foreign country)	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN		
John R	obert OHLIN		Muriel N	ANKERVIS	
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates service)	10	Father: Joh	n R. OHLIN	
		18. MEDICAL CE	RTIFICATION Same	as Item #	2 1
I. DISEASES OR CO	NDITIONS DIRECTLY		June		INTERVAL BETWEEN ONSET AND DEATH
			0 6	+	4.4
Immediate	e cause (a)	Meroreson	alus Congen	ua	1/moz
452 Laure	+ coco/o)	Hydroreph			
Anteceder Diseases or o	conditions, If any, (b)	. /			
15 To giving rise to	the above cause nderlying cause last				
1 - 1 Bonaing and a	(c)				
Conditions contribu	CANT CONDITIONS uting to the death hut not one or condition causing dea	th			
		FINDINGS OF OPERATION			1 20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR	rown) (C	COUNTY) (STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
			5 . 50 Man 9	151	
22. I hereby certi	ify that I attended th	e deceased from May 2	o, 19 ou, to mar	19.11, that	I last saw the deceased
alive on Me	r 21, 1951, at	nd that death occurred at 3. (Degree or title)	:20 A m., from the	causes and on the	date stated above. DATE SIGNED
A. GEDAR	OVICH, LT,	MC, USN U.S.	NAVAL HOSPIT		coh 21, 1951
23. BURIAL, CREM. REMOVAL (Spec Burial	Mar 23,	1951 Arlingto	n National	Arlington	n, or county) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR	ADDRESS
Mar 21, 19	51 Jord	whillenal	W. W. Chamb	pers, 3072	M Street, NW,
011			Washingt	on, D. C.	Mar Le
9040569	7011				Chron.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY MAP	RYLAND	2. USUAL RESIDENCE (HO	ME) OF DECE.	COUNTY		
CITY (If outside corporate limits, write RURAL and LENG OR give nearest town) (in,	TH OF STAY this place)	CITY (If outside corporat OR TOWN	limita write RU	RAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (211 - Breakfulle 1)	Po Ch.Ch	STREET ADDRESS	(If rural, giv	e location)		
3. NAME OF (First) (Middle)		(Last)	4. DATE	(Month)	(Day)	(Year)
OECEASED (Type or Print) A TY E	C	NTRICH	OF DEATH	3	251	195/
Levale 6. COLOR OR RACE 7. SINGLE M WIDOWED. (Specify)	DIVORCED,	8. DATE OF BIRTH 9 12/10/1878	AGE last birthd		Days If unde Hours	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	BUSINESS OR	11. BIRTHPLACE (State or	foreign country)		CITIZEN OF	WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN				
Jeroses Granen		Jacken	7			
A5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SI	BCURITY No.	97 INFORMANT AND A	DDRESS			
(Yes, no, or unknown) (If yes, give war or dates of service)		John ante	ch 620	1-0300	Lux 8	PO
18	MEDICAL CH	CTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH	40			ONSET AND	
420 0 Immediate cause (a) Merso	· och	, oue has	Laure	asi		145
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	ac. /	alure	· • • • • • • • • • • • • • • • • • • •		ZXI	223
stating the underlying cause last (c)	Com	enclas re	phril	tio	24	45
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Kera	gang run	of fe	eh		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	PERATION -		00		20. AUTOP	SY?
					Yes 🗆	No IN
21. ACCIDENT (Specify) PLACE (Home, farm, SUICIDE OF office bidg., etc INJURY		(CITY OR TO	WN)	(COUNTY)	(STATE	3)
	JRRED ot While At work	HOW DID INJURY OCC	UR?			
22. I hereby certify that I attended the deceased fro	m mar 3	, 1951, to mas.	25, 19.57, th	at I last sa	w the dece	ased
alive on 76, 195, and that death of SIGNATURIE (Degree	occurred at.	m., from the c	auses and on t	he date sta	ted above.	NED
6 Virno tein	/	3311-16	- n. 21.		3/25/	51
23. BURIAL, CREMATION DATE THEREOF NAME REMOVAL (Specify) 3-28-51	Or CEMETER	RY OR CREMATORY LO	CATION (City, t	own, or count	y) Va. (Sta	ate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	E 4	24. FUNERAL DIRECTOR		1	ADDRESS	
REG. 3-25-51 Stellen Ru	neep	The SH He	my &	290	01-14	æ
	1		1 1	,0	/	200



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02802

- Washington, D. C.

Reg. Dist. No. 2/

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DEC	
COUNTY Montgomery MARYLAND	STATE D.C.	COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (in this place)	CITY (If outside corporate limits, write I OR TOWN NASHINGTO	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverly Sanitarium		ive location) ST. N. IV.
3. NAME OF (First) (Middle) DECEASED TITYTANI	(Last) 4. DATE OF DEATH	(Month) (Day) (Year) March 6, 1951 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8, DATE OF BIRTH 9. AGE last birth	hday If under 1 year If under 24 hrs. Months Days Hours Min.
Female White (Speits) Clear 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	II. BIRTHPLACE (State or foreign country)	I2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT ANNE SQUIRE (COU	esin)
18. MEDICAL CE		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
A. O	e. Kon machae	Mai To
Immediate cause (a)	9 recurring	- Munues
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause	nchicetasis	grs.
stating the underlying cause last (c) General	revile chang	90
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1940, to bate 1051,	that I last saw the deceased
11. 15-195-1	ADDRESS And on	
W. Cabell (Noore	2011 KSt., N.W.,	vash , D.C.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE TREMOVAL (Specify) 3 - 9 - 1951 HOLL (Re		LOHIA PENNA.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3-6-51 Sellen Rurvack.	Joseph Gawler's Sons	1756 Pa. Ave.N.

Commence of the state of the st

And the second second second second

BUT THE STREET



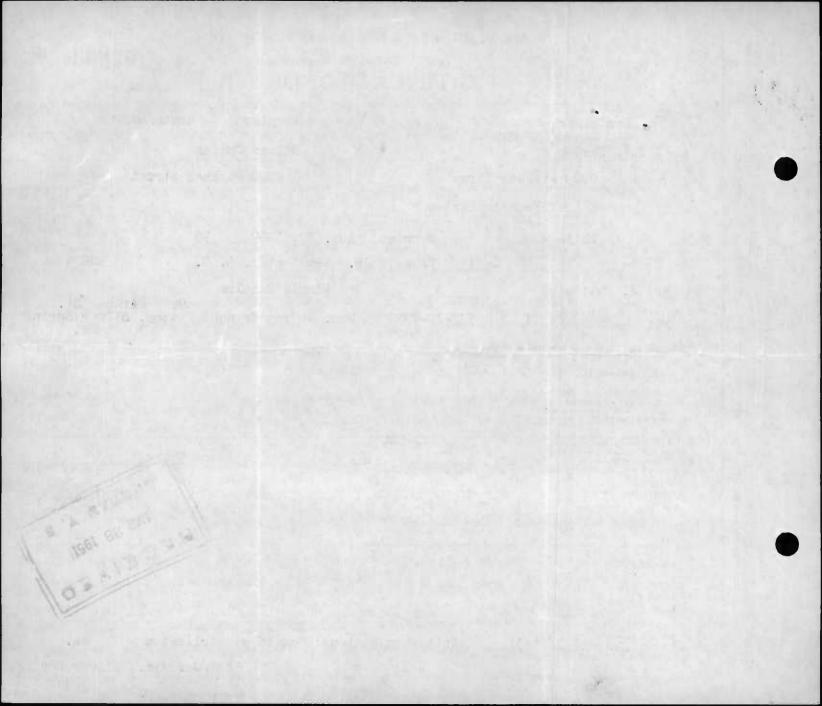
the desired whether the said

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY Montgomery MARYLAND	STATE Maryland Montgomequity	
CITY (If outside corporate limits, write RURAL and CR CAR CORPORATE TOWN SILVET SPring (in this place)	CITY (II outside corporate limits, write RURAL and giver TOWN Silver Spring	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9909 Markham Street	STREET (If rural, give location) ADDRESS 9909 Markham Street	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Samuel Francis Paxton	(Last) 4. DATE (Month) OF DEATH Mon cll	(Day) (Year) 24 195~/
6. COLOR OR RACE 7. SINGLE, MARRIED, DIVORCED, WIDOWED, DIVORCED, (Specify) Married	Aug. 20. 1912 9. AGE last birthday If under Months Months	Days If under 24 hrs. Hours Mln.
don during most of working life, even if retired) dechanic 10a. USUAL OCCUPATION (Give kind of work) INDUSTRY Capital Transit Co	. Washington, D. C.	CITIZEN OF WHAT
Bernard J. Paxton	Minnie Schulze	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW II 578-10-7722	Mrs. Audrey Frances Paxton, Silv	
18. MEDICAL CE		Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420, Immediate cause (a) Coronary Iluron	basis with Posterior defaution	6 weeks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	inemag	3.44eass.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7 Feb. alive on 23 March, 1951, and that death occurred at.	, 1951, to 24 March, 1957, that I last se	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE		4.737,
Burial (Specify) 3/28/51 Arlington Na	RY OR CREMATORY LOCATION (City, town, or count tional Cemetery Arlington	Va.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3 2 6 5 1	Physics of Sungalogy 8434 Ga. Ave., Sil	ADDRESS ver Spring,
	5.50-5/6 ME	ryland



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and logisty.



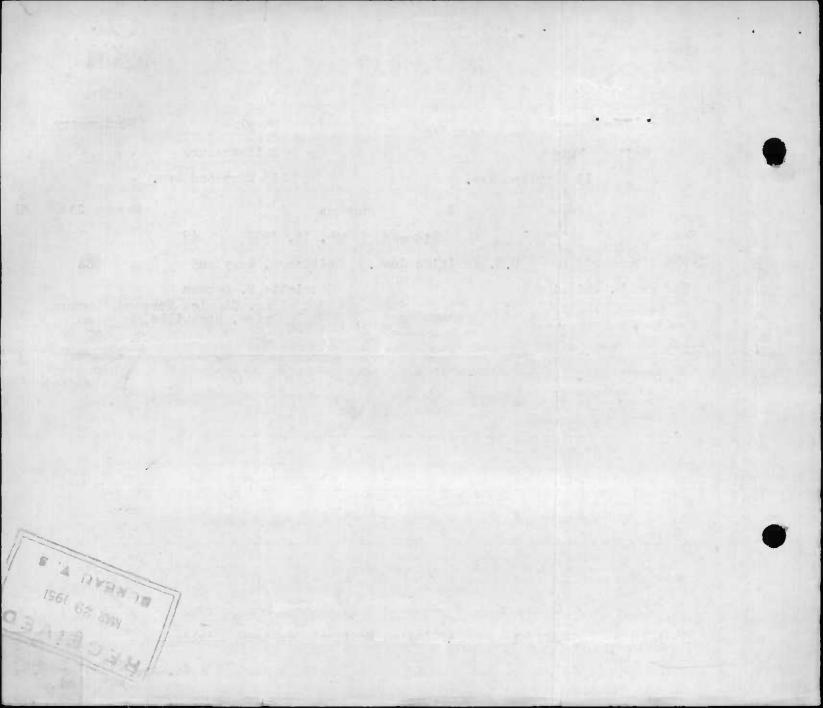
Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

						4054	EOD	MEDICAL	EVAMINEDS
W LAD	15	1	1	APR	- 3	1321	run	MEDICAL	EXAMINERS

HIMNO. G 1 JI APR 3 1951 FOR MEDICAL	EXAMINERS Reg. Dist. No	
1. PLACE OF DEATH- COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland TRUNE	omery
CITY (If outside corporate limits, write RURAL and OR give nearest town) to the rural time of the rura	CITY (If outside corporate limits, write RURAL and give TOWN Gaithersburg	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Maryland Ave.	STREET (If rural, give location) ADDRESS 13 Maryland Ave.	
	(Last) 4. DATE (Month) OF DEATH March	(Day) (Year) 23 151
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	Feb. 15, 1902 9. AGE last birthday If under Months yrs.	
I don. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business on Clerkeal working life, even if retired). Industry time Comm.	Baltimore, Maryland	CITIZEN OF WHAT
Charles W. Phillips	Henrietta N. German	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) 16. Social Security No. no	17. INFORMANT Mr. Charles Norwood Pr 307 Maple Drive, Rockville, Maryl	noebus and
18, MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
76 Antecedent cause (a) Mension of Diseases or conditions, if any, (b) anewgern	atdomine anta,	1/2 th.
giving rise to the above cause stating the underlying cause last	are (4/3/51 ake)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not while injury m. injury work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , accident □, suicide □, homicide □, SIGNATURE (Degree or title)	eased died on the day stated above, and death in my	
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	Garhar Lung Med RY OR CREMATORY LOCATION (City, town, or count	3-23-1-/ v) (State)
Burial (Sp(cyfy) 3/27/51 Arlington Na	tional Cemetery Arlington	Va. ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Tube & P' 1/ 0121 - 517.	ver Spring
in the state of th	AND THE RESERVE OF THE PARTY OF	yland



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02805

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	lontgomery
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest town) Kensington (in this place)	CITY (If outside corporate limits, write RURAL and giv OR TOWN Kensington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Lincoln Avenue	STREET (If rural, give location) ADDRESS 19 Lincoln Ave	
3. NAME OF (First) (Middle) DECEASED (Type or Print) RUSSell (Jack)	PUGH J. DATE (Month) OF DEATH MAT	(Day) (Year) 6 1951
Male COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Harried		Days Hours Min.
done during most of working life, even if retired) IOb. KIND OF BUSINESS OR INDUSTRY. Self Lmp.	Virginia	COUNTRY USA
is. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of 579-01-8200	Clemmie O'Farrell 17. INFORMANT AND ADDRESS Mrs. Donaldson - Hensington	on Md
		011, 1101
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
AD C:VA		FUNC
8/0 Immediate cause		7,7
Antecedent cause(s)	, 0 st 1 11.	1 1
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	w mann of #	purell ft
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	•	20. AUTOPSY?
11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(CITY OR TOWN) (COUNTY)	Yes No
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(STATĒ)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Not Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
alive on3, 19, and that death occurred at	ADDRESS , from the causes and on the date sta	ated above. DATE SIGNED
meed tems of	MD lesington M	1 3/6/51
DEMOVAL (Specify)	Union Cem. Rockville,	y) (State) Marvland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

OEKTIFICAT	Reg. Dist. No. 210
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MARYLAND	STATECO GLANGE L COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neglest town)
OR givo nearest town) Sether day (in this plate)	OR TOWN Doyde
HOSPITAL OR INDUISOR STREET ADDRESS \$ 600 Da Jeong Storon 3	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print)	Ran DEATH B 2 F 1951
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday If under I year Hunder 24 hrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life eyen if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Ray	Elenor Merryman
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
(1em, no, or unknown) (tryes, give war or dates of	
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTED EMPIRE TO DEATH	ONSET AND DEATE
Immediate cause (a) (a)	ngesture heart failure 3 Boys.
1/20, O Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	certie heart disease 5 years
(c) upper reign	istory intection (cold) / week.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
more home	Year I No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE TINJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m, Work At work	NOW DID INJUNI OCCUR!
22. I hereby certify that I attended the deceased from	195/ to Warch 25195/ that I last saw the deceased
alive on	ADDRESS A.m., from the causes and on the date stated above.
John & Fawcott M.D.	Boyds, wel 28 June 5
	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVALO(Specify) 3/30/51 ST. MARY'S	CEMENTERY ROCKUILLE MARYLAND.
DATE REC'D BY LOCAL EMGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 3-30-51 Gelen Kurrack	Gost a. Pundan Buttuda, Ind.

PRECEIVED 1951

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02807

washing ton, D

111.3

er Diet No. 215

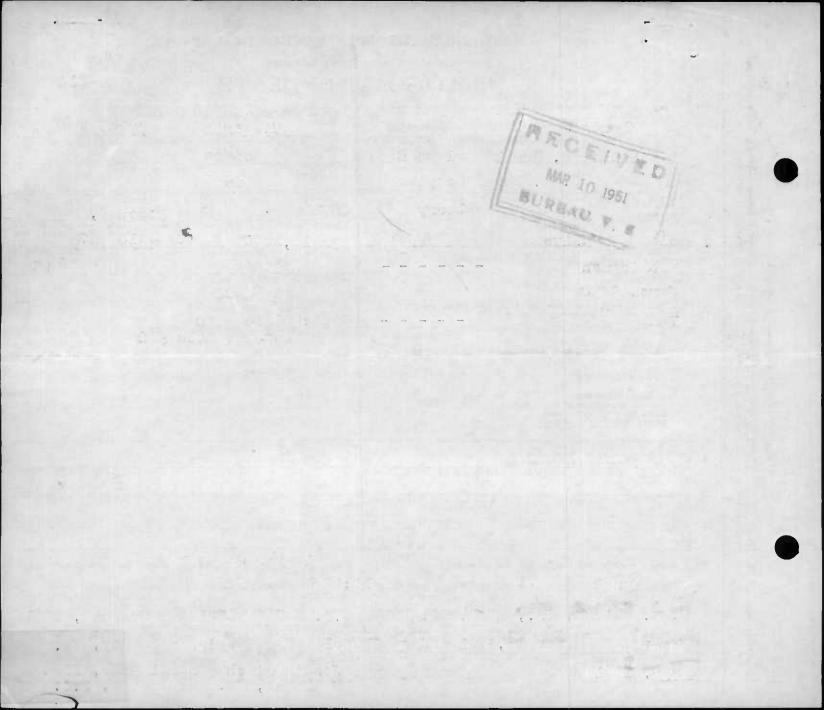
CERTIFICATE OF DEATH

Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Montgomery Virginia MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) mo 8 da TOWN Bethesda. Rural McLean TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS U. S. Naval Hospital None STREET ADDRESS 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Asberry REED Harry (Type or Print) DEATH March 19 5] 9. AGE last birthday II under I year | If under 24 hrs. | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 5. SEX WIDOWED, DIVORCED, (Specify) Married Apr 12.1890 Male White 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10h. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? Virginia US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James REED Emma BRAGG 15. WAS DECRASED EVER IN U.S. ARMED FORCES? I 17. INFORMANT AND ADDRESS (Yes, no or unknown) (If yes, give war or dates of Wife: Elsie REED 18. MEDICAL CERTIFICATION Same 88 item # INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Kengtured aneurysus a Immediate cause 450.0 Antecedent cause(s) Arteriosclerosis (3/19/51 akc) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes K No [] 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (Specify) (COUNTY) SUICIDE HOMICIDE INJURY INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Feb 1, 19 51, to Mar 8, 1951, that I last saw the deceased 19. 51, and that death occurred at 11.15. P.m., from the causes and on the date stated above. alive on Mar 8 SIGNATURE (Degree or title) , Jr., LTJG, MCR, USNR GRAVES U.S. NAVAL HOSPITAL March 9, 1951 23. BURIAL, CREMATION | DATE THEREOF I NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL (Specify) Mar 11,1951 Andrew Chapel Fairfax County. Va. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Joseph Birch Funeral Home. 1951 3034

VS. A15

WRITE

PLEASE



8

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02808

1. PLACE OF DEATH COUNTY MOI	ntgomery	MARYLAND	2. USUAL RESIDENCE (STATE	0	QUNTY
TOWN SILVE	proporate limits, write RUR. town	AL and LENGTH OF STAY	CITY (11 outside corpor	rate limits, write RURAL gton, D.C.	and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	Cedarcroft	Sanitarium	STREET ADDRESS 1355 E	St. S.E.	tion)
3. NAME OF DECEASED (Type or Print)	(First) Christine	(Middle)	(Last) Rees	4. DATE (Mont	(
female	white	WIDOWED, DIVORCED, (Speeny)	8. DATE OF BIRTH 9-12-1863	9. AGE last birthday I N	f under 1 year If under 24 hrs. Months. Days Hours Min.
done during most of w Housewife 13. FATHER'S NAM	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
Yeblick	(first name u		14. MOTHER'S MAIDEN unknow		
(Yes, no or unknown)	ER IN U.S. ARMED FORCES (If year, give war or dates of service)	? 16. SOCIAL SECURITY NO.	Wm. C. Rees		
I. DISEASES OR CO	e cause (a)	LEADING TO DEATH	RETIFICATION HEMORE AS		INTERVAL BETWEEN ONSET AND DEATH
830 Diseases or o	t cause(s) conditions, if any, (b) the above cause nderlying cause last	arteriosel	esses !		?
II. OTHER SIGNIFIC	CANT CONDITIONS ting to the death but not se or condition causing deat	h.	994-94 88111-9999-9989-89-8 8-88-88-88-88-88-88-88-88-88-88-88-88		
19a. DATE OF OPE	RATION 19b. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 1	rown) (COI	UNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	A TOTAL
22. I hereby certi	fy that I attended the	deceased from 6-2-49	, 19, to 3/23	- , 1951 , that I	last saw the deceased
slive on 3.— SIGNATURE	& B. Thil	d that death occurred at4 (Degree or title)	ADDRESS Silver	Esping m	A DATE SIGNED
DATE REC'D BY I	(y) 1 3/26/5	SIGNATURE STORY	Conetary	COCATION (City, town, o	y Mary land
305/51	Trans	es totler	marlin	IV. Hygo	ADDRESS



VS. A15

The correct age

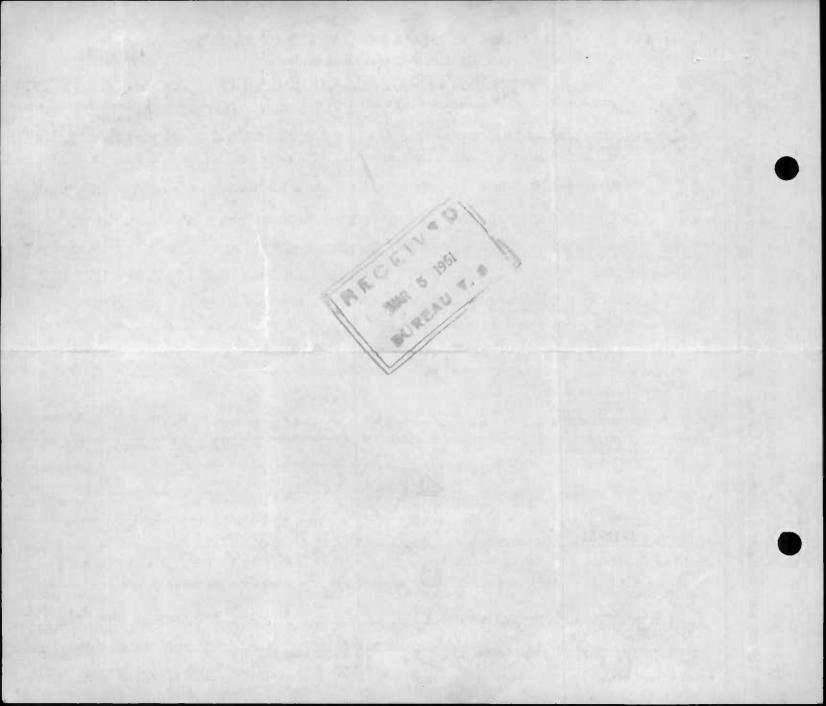
Evidence for additions MARYLAND STATE DEPARTMENT OF HEALTH in 18 & 21 shown on: .

2411 N. Charles Street, Baltimore

02809

9 195 CERTIFICATE OF DEATH 1 JI MAR

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	/-
MARYLAND MARYLAND	1 Maryland	Dontagmera
OR give nearest town	OR CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN lakoma lack & hrs. 20 min.	TOWN la Koma Park	
HOSPITAL OR INSTITUTION OR / / / · · · · · · · · · · · · · · · ·	STREET (If rural, give location)	
STREET ADDRESS / Vashington Sanitarium & Happite	ADDRESS 911 Davis Ave.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Susie (none)	Thodes DEATH 3	-/
	Nodes DEATH 3. AGE last birthday If under 1	3 195/ year If under 24 hrs.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	Months	Days Hours Min.
temale Caus. (Specify) Widowed to Business OF		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
13. FATHER'S NAME	Un Known	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Emeretta Green	
(Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
No service)	Hospital Record	
/ 18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1) 0 1 1	- " /	
Immediate cause (a) Linuxlized arle	noschesis	13 912
Antecedent cause(s)	estern)	
Diseases or conditions, if any, (b)	echim	6 Mass
46 & giving rise to the above cause stating the underlying cause last To the Lular	1 (7 1: autino)	2744
scatting the underlying cause issue	Names Cukes - entirely healed	0.11.
II. OTHER SIGNIFICANT CONDITIONS		2417
Conditions contributing to the death but not	(3-9-51 - ams)	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20 ATTRODOWS
198. Ditte of or breathout 1800 state of or breathout		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CIMY OF MONTH	Yes No
SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE None INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY 1-12-51 m. Work Not white with the work	Fall in bedroom.	
20 Floris that I asked at the decorate Though	1938, to The 3, 1951, that I last sa	
22. I hereby certify that I attended the deceased from	, 19 to that I last sa	w the deceased.
alive of her 3, 1957, and that death occurred at	ADDRESS Am, from the causes and on the date sta	tad aham
SIGNATURE (Decree of tine)	ADDRESS C	DATE SIGNED
11 AFO 1: 11.h) 0	2000 / / / / 81.	m 3-3-51
tomelle aughlen 2	232 planges the files Open	4.10
23. BURAL CREMATION DATE THE COF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county	(State)
THE THE TOTAL STATE OF THE TOTAL	Valegral (cruzion)	la.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNURAL DIRECTOR	ADDRESS
REG. 3-3-57 HVMM ()001	10. Shurlers Jons Un	of DC.
The state of the s		



correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02810

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY TOD DEVU MARYLAND	STATE			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give warest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN UAShington			
HOSPITAL OR INSTITUTION OR A/ta Vista Rest Home	STREET ADDRESS 53 11 (If rural, give location)			
3. NAME OF (First) (Middle) (Type or Print) Sarah Katherine	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Mar, 9 1957			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday II under 1 year II uoder 24 hrs. Aug 30, 1883 67 yrs. Mooths. Days Hours Mio.			
10a. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) ANDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME ? I Zeatherman	14. MOTHER'S MAIDEN NAME Q Ulelley.			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Edusin G. Mose 3279 Accadia P. In. W			
10 MINIOUS OF	Washington, D.C			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH			
Immediate cause (a) Waltall	on a namion 4 mo-			
Antecedent cause(s)				
Diseases or conditions, if any, (b).	morrhage 4-00.			
stating the underlying cause last (c) (c)	erosis with foles 2 + 41.			
II. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but not related to the disease or condition causing death.	in			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	Yes No No			
21. ACCIDENT (Specify) SUIGIDE (OF office bldg., etc.) HOMICIDE (INJURY)	(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not Wardle NJURY m. INJURY	HOW DID INJURY OCCUR!			
A	119 9 44 am/ +1			
22. I hereby certify that I attended the deceased from I PRIL	195, to			
alive on 8 MARCH 951, and that death occurred at 6 2 2m., from the causes and on the date stated above. SIGNATURE DATE SIGNED				
Attrelivene MD 55	Il wester with the Mid 9 MARSH			
CREMOVER SESSED 3-12-6 Cadam	RY OR CREMATORY LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 8-9-57 REGISTRAR'S SIGNATURE	The S. H. Himes Co. Washington D.C.			
8	3/0646			



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Avenue, Bethesda, Maryland, Hukuff

Reg. Dist. No ... I. PLACE OF DEATH .. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Montgomery STATE Illinois MARYLAND Cook CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) Town give Bethesda, Rural inothiz Baceda Chicago TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS U. S. Naval Hospital 5019 Agatite Street STREET ADDRESS 3. NAME OF (First) (Middle) (Last) (Month) (Day) (Year) DECEASED OF DEATH March 13 Heinz ROTZOLL (Type or Print) Henry 195] 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months Days Hours | Min. Male White Jun 17,1920 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
Enlisted Man

13. FATHER'S NAME US Marine Corps COUNTRY? Germany 14. MOTHER'S MAIDEN NAME Henry ROTZOLL Flora KWIRAN 15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Wife: Jeanne E. ROTZOLL service) 18. MEDICAL CERTIFICATION Same as item # 2 INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH HODGKIN'S DISEASE mos. Immediate cause 2012 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death, 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No No 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Jan 16, 19.51, to Mar 13, 19.51, that I last saw the deceased alive on Mar 13, 19,51, and that death occurred at 3:15 Am, from the causes and on the date stated above. (Degree or title) ADDRESS DATE SIGNED R. O. PECKINPAUCH MC USN US NAVAL HOSPITAL, March 13. 23. BURIAL, CREMATION REMOVAL (Specify) ROMOVAL DATE THEREOF | LOCATION (City, town, or county) Mt. Emblem Cemetery | Arlington 13.1951 Hgts.. DATE REC'D BY LOCAL REGISTRAR' 24. FUNERAL DIRECTOR R. A. Pumphrey, 7557 Wisconsin

of information carefully death clearly and legibly. every item FOR Supply e MARGIN RESERVED INK. UNFADING t. Physicians: WITH

v important.

PLAINLY, is especially i

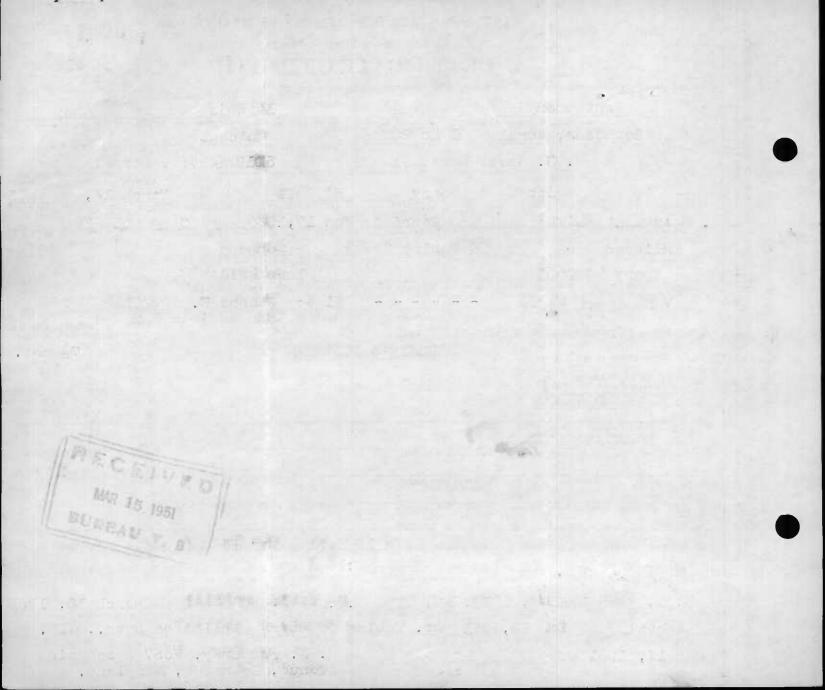
WRITE

PLEASE

226

correct

The



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

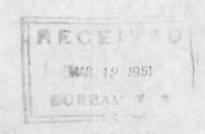
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

()2812 or Diet No. 2/C

COUNTY OF THE COUNTY OF THE WHAL and LENOTH OF STAY OR give nearest town) OR give nearest town OR give nearest town OR give nearest town) OR give nearest town OR	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
CITY (if outside corporate limits, write RURAL and give nearest town) OR with consense town of the state of	COUNTY MARYLAND	STATE COUNTY
HOSPITAL OR INSTITUTION OR STREET ADDRESS JULIA DATE (Month) STREET ADDRESS ADDRES	CITY (If outside corporate limits, write RUKAL and LENGTH OF STAY	
HOSPITAL OR STREET ADDRESS (Middle) (Last) (Last) (Last) (ADTE (Month) (Day) (Year) (Part) (Part)	OR give nearest town) (in this place)	II OR
STREET ADDRESS 3. NAME OF DECEASED DECEASED OF CITED (Middle) 4. DATE (Month) DECEASED DECEASED OF PRINT (Core or Print) 5. SEX 6. COLOR OR RACE (T. SINGLE MARRIED) (Specify) 10a. USUAL OCCUPATION (Give kind of work in the control of the con	HOSPITAL OR	STREET (If rural, give location)
DECRASED (Type or Print) 5. SEX 6. COLOR OR RACE (Type or Print) 6. SEX 6. COLOR OR RACE (Type or Print) 6. SEX 6. COLOR OR RACE (Type or Print) 10a. USUAL OCCUPATION (Give kind of work done during most of working file, year lift retired) 10a. USUAL OCCUPATION (Give kind of work done during most of working file, year lift retired) 10a. OUT A COUNTY (Specify) 10a. USUAL OCCUPATION (Give kind of work done during most of working file, year lift retired) 10a. USUAL OCCUPATION (Give kind of work done during most of working file, year lift retired) 10a. USUAL OCCUPATION (Give kind of work done during file, year lift retired) 10a. USUAL OCCUPATION (Give kind of work done during file, year lift retired) 10a. USUAL OCCUPATION (Give kind of work done during file, year lift retired) 10b. Kind or Business or a lift lift lift lift lift lift lift lift	STREET ADDRESS Suburban Hospital	ADDRESS R+. T
Type or Print) 5. SEX 6. SEX 6. SEX 6. SOLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH 9. AGE last brithday If under 1 year If Indee 24 her WIDOWED. BYORGED. 10a. USUAL OCCUPATION (Give kind of work done during mopt of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work done during mopt of working life, even if retired) 10b. Kind of Business or II. BIRTHPLACE (State or foreign country) 11c. WAS DECRASED EVEN IV. S. ARMED FORCEST (Yes, no, or unknown) (III yes, give war or dates of life. Sodal Scountry No. Part of the service) 11c. WAS DECRASED EVEN IV. S. ARMED FORCEST (Yes, no, or unknown) (III yes, give war or dates of life. Sodal Scountry No. Part o		\(\) (Last)\(\) 4. DATE (Month) (Day) (Yes
5. SEX 6. COLOR OR RACE WINDWEN WINDWEN 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AND ELIZabeth Frushour 15. WAS DECRASED EVER IN U.S. ARMED FORCEST (Yes, no, or unknown) (If yes, give war or dates of leave rause stating the underlying cause last 16. SOCIAL SECURITY NO. 17. INFORMATI AND ADDRESS (A) 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 22. A CCIDENT (Specify) PLACE (Home, farm, factory, street, OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR F		out 36 km DEATH March 4 19.
County C	5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24
done during most of working file, even if retired Industrial Indus	(Specify)	
13. FATHER'S NAME 14. MOTHER'S MADEN 15. WAS DECRASED EVER IN U.S. ARMED FORCEST (Yes, no, or unknown) (If yes, give war or dates of learning to the desth of the desth but not related to the desease or condition causing death. 15. WAS DECRASED EVER IN U.S. ARMED FORCEST (Yes, no, or unknown) (If yes, give war or dates of learning to the desth of the desth of the desth of the desth of the desth but not related to the desease or condition causing death. 16. OTHER SIGNIFICANT GONDITIONS 17. INFORMATIS AND ADDRESS OF THE ADD	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	
13. FATHER'S NAME Charles Charl	Tousewise Own home	Tredrick, maryland COUNTRY C.S.
15. WAS DECRASED EVER IN U.S. ARNED FORCES? (Yes, no, or unknown) III yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH IMmediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last COMBINET AND DEATH 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY Not While Month of the cause and on the date etated above.		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OFERATION 20. AUTOPSY! HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 21. Hereby certify that I attended the deceased from work of the related to the cause on the date etated above.	Marshall E. Ichaeller	Anne Elizabeth Frushour
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Work At work 22. I hereby certify that I attended the deceased from Not While at Not While at Not While at Not While Injury occurs of Injury 22. I hereby certify that I attended the deceased from 194. 194. 194. 194. 194. 194. 194. 194.		INFORMANT AND ADDRESS
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, astating the underlying cause last Conditions contributing to the desth but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) Sylicide (Specify) FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 22. ACCIDENT (Specify) FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 23. ACCIDENT (Specify) FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 24. ACCIDENT (Specify) FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 25. ACCIDENT (Specify) FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 26. ACCIDENT (Specify) FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 27. ACCIDENT (Specify) FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 28. ACCIDENT (Specify) FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 29. AUTOPSY? Yes No Yes	service)	Koy C. Koutzahn - Kt. I dilver Spring
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause sating the underlying cause last Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE Time (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Work Antecedent cause (a) (b) (c) (c) (d) (e) (c) (e) (c) (c) (d) (d) (d) (d) (d) (d		
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (Specify) (STATE) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While Not While Not While At work (STATE) 22. I hereby certify that I attended the deceased from 19.45., to 3 45, 19, that I last saw the deceased alive on 19.45, 19, and that death occurred at 10.65	I DISTAGES OF CONDITIONS DIFFCTIVITADING TO DEATH	INTERVAL BETWE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While Not While Work At work How DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 1945, to 3 451, 19, that I last saw the deceased alive on 1945, 19, and that death occurred at 1045m., from the causes and on the date etated above.	I. DESERBES ON CONDITIONS SINSOID BEADING TO DEATH	ONSET AND DEA
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No SUICIDE No Grade bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY (STATE) (CITY OR TOWN) (COUNTY) (STATE) 22. I hereby certify that I attended the deceased from Not While At work At work At work 1945 19 19 19 19 19 19 19 1	5/ Immediate cause (a) triplive 1	at lailnes Typ.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Nort While at Not While Nort While at Not While Nort While At work 22. I hereby certify that I attended the deceased from 1945, 19, and that death occurred at 10, from the causes and on the date stated above.	Antecedent cause(s)	4 1 1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 1	Diseases or conditions, if any. (b)	in Inilized Mrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 1947, to 3 451., 19, that I last saw the deceased alive on 1945, 19, and that death occurred at 1945, from the causes and on the date stated above.	giving rise to the above cause	F119
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While		we as its
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While Work At work 22. I hereby certify that I attended the deceased from At work 22. I hereby certify that I attended the deceased from At work 23. I hereby certify that I attended the deceased from At work 24. I hereby certify that I attended the deceased from At work 25. I hereby certify that I attended the deceased from At work 26. AUTOPSY? Yes No 19b. MAJOR FINDINGS OF OPERATION 26. AUTOPSY? Yes No 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 27. ACCIDENT SUICIDE HOW DID INJURY OCCUR? 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 27. ACCIDENT SUICIDE HOW DID INJURY OCCUR? 19b. MAJOR FINDINGS OF OPERATION 27. ACCIDENT SUICIDE HOW DID INJURY OCCUR? 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 27. ACCIDENT SUICIDE HOW DID INJURY OCCUR? 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATI	II. OTHER SIGNIFICANT CONDITIONS	1 1 1 1
21. ACCIDENT SUICIDE OF OPERATION (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from 1945, 19, and that death occurred at 1045, from the causes and on the date stated above.		
21. ACCIDENT SUICIDE OF office bidg., etc.) PLACE (Home, farm, factory, street, OCITY OR TOWN) OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While at Not While Work At work 22. I hereby certify that I attended the deceased from At work 1945, 19, and that death occurred at 1045, from the causes and on the date stated above.		1 20. AUTOPSY?
21. ACCIDENT SUICIDE OF office bidg., etc.) PLACE (Home, farm, factory, street, OCITY OR TOWN) OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While at Not While Work At work 22. I hereby certify that I attended the deceased from At work 1945, 19, and that death occurred at 1045, from the causes and on the date stated above.		Ven C No.
SUICIDE HOMICIDE OF Office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 1945, to 3 451., 19, that I last saw the deceased alive on 1945, 19, and that death occurred at 1045 causes and on the date stated above.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at		
22. I hereby certify that I attended the deceased from 1945, to 3 451., 19, that I last saw the deceased alive on 345, 19, and that death occurred at 1045 P.m., from the causes and on the date stated above.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1941, to 3 451, 19, that I last saw the deceased alive on 3451, 19, and that death occurred at 1045 P.m., from the causes and on the date stated above.		
alive on 345, 19 and that death occurred at 10 .m., from the causes and on the date stated above.	MONE	10 0 11 11
alive on 3,45, 19 and that death occurred at 10 .m., from the causes and on the date stated above.	22. I hereby certify that I attended the deceased from	, 1941, to 3 451, 19 that I last saw the deceased
SIGNATURE: (Degree or title) ADDRESS DATE SIGNED	2/4/51	045
SIGNAL IN I DATE SIGNED	alive on	ADDRESS. And on the date stated above.
	SIGNAL CITY (Degree of title)	ADDITES SIGNES
14) (M moles tounds	(M rolled turneds)	Jansing land 3 Jak
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)		RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial (Specify) 3/7/51 Mt. Olivet Cemetery Frederick, Maryland	Burial (Specify) 3/7/51 Mt. Olivet (Semetery Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS		24. FUNERAL DIRECTOR ADDRESS
REG. 3-9-51 billin Kurvech Tundens 131 Ca. Ave. Silver Spring	Bes. 5-7-51 bellin Rurack	Warner & Tumpley 8434 Ga. Ave., Silver Spring
	9_	
The state of the s	9_	() Maryland



WRITE

PLEASE

correct The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY CITY (If outside corporate limits, write RURAL and give degrest town) CITY (If ourside corporate limits, write RURAL and OR give hearest kown)
TOWN
HOSPITAL OR MARYLAND LENGTH OF STAY (in this place) TOWN V STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS mo 3. NAME OF (First) (Middle) 4. DATE (Last) (Month) (Day) (Year) DECEASED OF (Type or Print) 195 DEATH COLOR OR RACE MARRIED. 6. DATE OF BIRTH 9. AGE last hirthday If under 1 year | If under 24 hrs. WIDOWED DIYORCED Months | Days | Hours | Min. WICOMER 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY. COUNTRY? mo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) 108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 198. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No f PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) Whlle at Not Whlle INJURY Work At work | to Wareh 1951, that I last saw the deceased 22. I hereby certify that I attended the deceased from. alive on 5-18 SIGNATURE DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATOR LOCATION (City, town, or county) (State) ashington Cemet DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS urvaes et, hesda

Cosoner notified 1-18.51

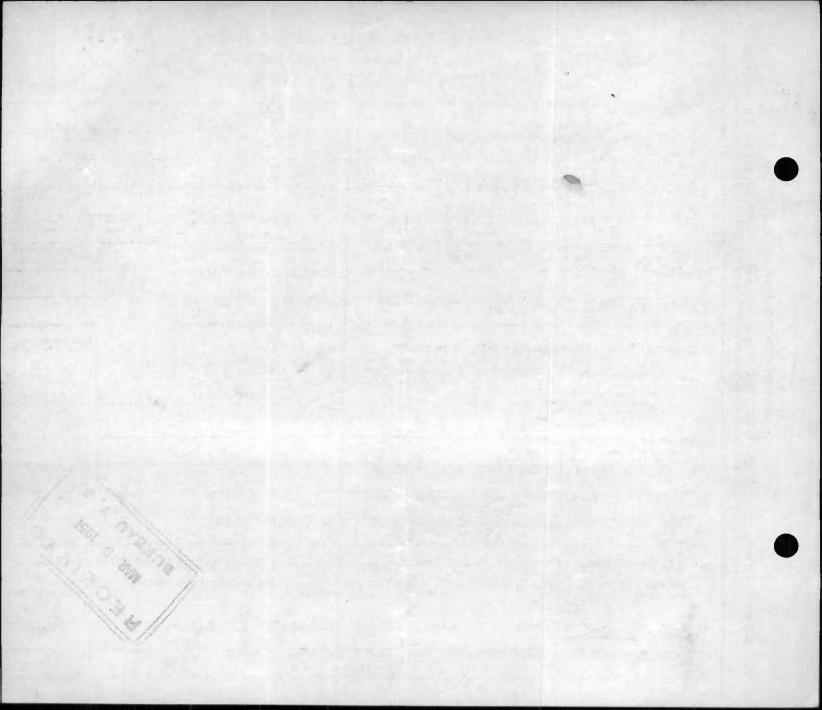
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MONTGOMERY MARYLAND	STATE MARY LAND MONTGOMERY	1
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN TAKOMA HARK 24 days	TOWN TAKOMA PARK	
HOSPITAL OR INSTITUTION OR	STREET ADDRESS (If rural, give location)	
INSTITUTION OR STREET ADDRESS WAS hing ton SANITARIUM + HOS	ADDRESS 706 FLOWER ATE	
3. NAME OF (First). (Middle)		Year)
(Type or Print) CARRIE FOURSE	SEER DEATH MARCH 6	19 5/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, BY SINGLE	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 2 Months Days Hours	
remale White (Specify) Widow	0-22-80 / yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry -	11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND COUNTRY? SA	WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
UNKNOWN	UNKNOWN (HEADS)	
15 WAS DECEMBED FUER IN II S ARMED FORCES? I IS SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of UNICNO State)	Patient Chart	
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BE	DEATE
Con a Tri	or Heart Failure 1 wet	k
450 Immediate cause (a) Congestion	7 00	
Antecedent cause(s)	selerosis pholyfun	D
Diseases or conditions, if any, giving rise to the above cause		-
stating the underlying cause last		
(c)		
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		_
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	L 26 AUTYADS	
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	20. AUTOPS	
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes 🗆 1	No P
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		No P
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Yes 🗆 1	No P
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE	No P
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION I9b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT	(CITY OR TOWN) (COUNTY) (STATE	No P
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Work At work 1	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 9, 1957., to	No P
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (Nonth) (Day) (Year) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 22. I hereby certify that I attended the deceased from alive on 19a. And that death occurred at	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 9, 1957, to	No P
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Work At work 1	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 9, 1957., to	No (2)
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY INJURY OF OFFINIURY INJURY OFFINIURY OFFINIURY INJURY OFFINIURY OFF	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 9, 1957., to	No (2)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on 19a. 19a. 1, and that death occurred at 19a. 19a. 19a. 19a. 19a. 19a. 19a. 19a.	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 9, 1957, to	No Dassed
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work 1 alive on 19a. At work 1 23. ACCIDENT (Specify) PLACE (Home, farm, factory, street, Office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Not While At work 1 At work 1 At work 1 Conditions contributing to the death but not never the deceased from 19a. At work 1 Conditions contributing to the death but not related to the deceased from 19a. At work 1 Conditions contributing to the death but not never the death occurred at 19a. Accident to the death occurred to the death o	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 9, 1957, to	No Dassed
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY INJURY INJURY At work 22. I hereby certify that I attended the deceased from alive on 19.57, and that death occurred at SIGNATURE (Degree or title) SIGNATURE 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 3.57, and that death occurred at DATE REC'D BY LOCAL KIGNATURE SIGNATURE	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 9, 1957., to	No Dassed
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work 1 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE! REMOVAL Specify) 24. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE!	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 9, 1957., to	No Dassed
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work 1 23. BURIAL, CREMATION DATE THEIREOF NAME OF CEMETER REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRARE SIGNATURE	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 9, 1957., to	No Dassed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02815

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Mantagen COLL	STATE COUNTY	
Maryland Maryland	Maryland Montgomery	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neares	t towny
OR give nearest town) Bethesda (in this place) hes	TOWN Bethesda	
HOSPITAL OR	STREET (If rural, give, location)	
INSTITUTION OR C /	1 D D D D D D D D D D D D D D D D D D D	
STREET ADDRESS OUDUR DAN	8101 mc Arthur 12/vd.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED	OF OF	-
(Type or Print) Bess Hillier	Shaffer DEATH March 21	195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		f under 24 hrs.
WIDOWED, DIVORCED,	Months Days	Hours Min.
(Specify)	1/1/a4/0, 1884 66 ym.	
10a. USUAL OCCUPATION (Give kind of work done during most pl working life, even if retired) INDUSTRY	11. BYRTHPLACE (State or foreign country) 12. CITIZE COUNTRY	N OF WHAT
House wise	* Ansas	4.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
11.11.		
George Hillier	Vora Pelham	
15. WAS DECRASED EVER & U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	0,
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Wilma Mater. 8101 M. Arthu	. Kl.
		cialva.
18. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		AL BETWEEN
		AND DEATE
Immediate cause (2) Heart Crili	(150	
Immediate cause (a)		
443 X 1 1 1 1	1 , , '	
Antecedent cause(s)	heart disease	
Diseases or conditions, if any, (b)	700001 8007 0000	
93 diving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS	1 4 6 6 0 111	
Conditions contributing to the death but not related to the disease or condition causing death. Occurre exact.	certation of chrow broughtes	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		TWO DOTTO
198. DATE OF OFERATION 199. MAJOR FINDINGS OF OFERATION	/ 2U. A	UTOPSY
	Yen	I NoX
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,		TATE)
SUICIDE Office bidg., etc.)		
HOMICIDE		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3 - /4	19.5%, to 3-2/-, 19.5% that I last saw the	deceased
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3 - /4	19.5%, to 3-2/-, 19.5% that I last saw the	deceased
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3 - /4	19.5%, to 3-2/-, 19.5% that I last saw the	deceased
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3 - /4	19.5%, to 3-2/-, 19.5% that I last saw the	deceased
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3 — / alive on 3 — 2 / — , 19 5 (, and that death occurred at SIGNATURE (Degree or title)	19.5%, to 3-2%, 19.5%, that I last saw the 625 P.m., from the causes and on the date stated at DAT.	deceased
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3 - /4	19.5%, to 3-2/-, 19.5% that I last saw the	deceased
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3.—/(Insurance of the control of the con	19.5%, to 3-2/-, 19.5%, that I last saw the 625 P.m., from the causes and on the date stated at ADDRESS DATE. Old Georgetown Rol, Botherda, 3	ove. E SIGNED - 21 - 57
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While in Not While at	19.5%, to 3-2/-, 19.5%, that I last saw the 625 P.m., from the causes and on the date stated at ADDRESS DATE Old George town Rol Batherda, 3 RY OR CREMATORY LOCATION (City, town, or county)	oove. E SIGNED -2/-5/ (State)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While in Not While at	19.5%, to 3-2/-, 19.5%, that I last saw the 625 P.m., from the causes and on the date stated at ADDRESS DATE Old Georgetown Rol Balesda, 3 RY OR CREMATORY LOCATION (City, town, or county) Crematory Suitland	OOVE. E SIGNED -21-57 (State) Laryland
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While in Not While at	19.5%, to 3-2/-, 19.5%, that I last saw the 625 P.m., from the causes and on the date stated at ADDRESS DATE Old Georgetown Rol Balesda, 3 RY OR CREMATORY LOCATION (City, town, or county) Crematory Suitland	oove. E SIGNED -2/-5/ (State)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at	19.5%, to 3-2%, 19.5%, that I last saw the 625% mm, from the causes and on the date stated at ADDRESS Old Georgetown Rol Balkerda, 3 RY OR CREMATORY LOCATION (City, town, or county) Crematory Suitland 24. FUNERAL DIRECTOR ADD	ove. E SIGNED -21-57 (State) arylano RESS
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Wh	19.5%, to 3-2/-, 19.5%, that I last saw the 625 P.m., from the causes and on the date stated at ADDRESS DATE Old Georgetown Rol Balesda, 3 RY OR CREMATORY LOCATION (City, town, or county) Crematory Suitland	ove. E SIGNED -21-57 (State) arylan (RESS



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11281 ne.

CERTIFICATE OF DEATH

COUNTY 1	STATE 4 COUNT	VP .
MARYLAND MARYLAND	STATE had AND COUNT	NTGOMERY
	CITY (If outside corporate limits, write BURAL and gi	ve nearest town)
OR give nearest town Cown Cown Cown Cown Cown Cown Cown C	UR OR	AO HOWIENC NUMBY
TOWN TAKE mariate 2 days	TOWN Liver Lines	
HOSPITAL OR Washing Ion SociTariam ST Hose	STREET (Intural, rive location)	
INSTITUTION OR	ADDRESS	
		<u> </u>
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	OF DEATH ?	26 1051
	8. DATE OF BIRTH 9. AGE last birthday If under	195
WIDOWED, DIVORCED.	Months	Days Hours Min.
Male White (Specify) mainied	12-4-86 64 yrs.	2001
10a, USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 1	2. CITIZEN OF WHAT
done during most of working life, eyon if retired) INDUSTRY	h	COUNTRY?
houtspines Co. Officeal Retired.	Ment gamery Co. Md	Undella
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Kirkham	AnnalliFancery.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	AND ADDRESS	
(service)	Hospital Records	
18. MEDICAL CE	ERTIFICATION	1
- mean and an additional property of the party man party		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	111 1 1	ONSET AND DEATH
	Ment Grane.	7
Immediate cause (a)		
2/11		0
Antecedent cause(s)	//	- 1/
	hul	1 1 week
Diseases or conditions, if any, (b)		2 week
Diseases or conditions, if any, (b)	A	2 will
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	has - mell acularis Un	2 week
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e)	has i mel realoris Un	a with
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS	Lus i mel redris Un	Inma
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	bus i mil realisis Un	mm I
Diseases or conditions, if any, (b). I giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Lus i mel redris Un	nm
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	hus i mil redris Un	20. AUTOPSY?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Lub i mel redris Un	nm
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Lus = mll readris Un	20. AUTOPSY? Yes D No D
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	Lus = mll realris Un (CITY OR TOWN) (COUNTY	20. AUTOPSY? Yes D No D
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) I1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY		20. AUTOPSY? Yes D No D
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) I1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) OF office hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Los - mel realris Un (CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR?	20. AUTOPSY? Yes D No D
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED		20. AUTOPSY? Yes D No D
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) 17IME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OPERATION 18	HOW DID INJURY OCCUR!	20. AUTOPSY? Yes D No D
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) 17IME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OPERATION 18	HOW DID INJURY OCCUR!	20. AUTOPSY? Yes D No D
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from 3/1.	How did injury occur? , 19.5/., to	20. AUTOPSY? Yes No (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from 3/1.	How did injury occur? , 19.5/., to	20. AUTOPSY? Yes No (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3/1/2 alive on 1/2 1/2 19 3/1, 19 3/1, and that death occurred at	HOW DID INJURY OCCUR!	20. AUTOPSY? Yes No (STATE) saw the deceased tated above,
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Work At work 22. I hereby certify that I attended the deceased from 3/1/2, 19 3/2, and that death occurred at SIGNATURE.	How DID INJURY OCCUR? 19.5/., to 3// / (1, 19.5/., that I last of the causes and on the date standards and the date standards).	20. AUTOPSY? Yes No (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) 17IME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3/1/2 alive on 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	How DID INJURY OCCUR? 19.5/., to 3// / (, 19.5/., that I last a 2. 75 (, from the causes and on the date s	20. AUTOPSY? Yes No (STATE) saw the deceased tated above,
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Y/Y alive on alive on the strength of the stren	HOW DID INJURY OCCUR? 19.5/., to 3/.v./., 19.5/., that I last a 3: 75 C.m., from the causes and on the date so and on the date	20. AUTOPSY? Yes D No (STATE) saw the deceased cated above. DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3/1/2 alive on 1/2 1/2, 19 3/2, and that death occurred at SIGNATURE. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	HOW DID INJURY OCCUR? 19.5/., to 3/.v./, 19.5/., that I last a did not be date so and on the date so and	20. AUTOPSY? Yes D No (STATE) saw the deceased cated above. DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3/1/2 alive on 1/2 1/2, 19 3/2, and that death occurred at SIGNATURE. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	HOW DID INJURY OCCUR? 19.5/., to 3/.v./, 19.5/., that I last a did not be date so and on the date so and	20. AUTOPSY? Yes D No (STATE) saw the deceased cated above. DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 3/1/2 alive on 1/2 1/2, 19 3/2, and that death occurred at SIGNATURE. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	HOW DID INJURY OCCUR? 19.5/., to 3/.v./, 19.5/., that I last a did not be date so and on the date so and	20. AUTOPSY? Yes D No (STATE) saw the deceased cated above. DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Mork At work SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) Concursion	HOW DID INJURY OCCUR? 19.5/., to	20. AUTOPSY? Yes No (STATE) saw the deceased tated above. DATE SIGNED SATE SIGNED SATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Work At work 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE RECORDY LOCAL REGISTRARYS SIGNATURE	HOW DID INJURY OCCUR? 19.5/., to 3/.v./., 19.5/., that I last a did not be date so and on the date so and o	20. AUTOPSY? Yes No (STATE) Saw the deceased tated above. DATE SIGNED SATE SIGNED SATE SIGNED SATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Work At work 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE RECORDY LOCAL REGISTRARYS SIGNATURE	HOW DID INJURY OCCUR? 19.5/., to	20. AUTOPSY? Yes No (STATE) Saw the deceased tated above. DATE SIGNED SATE SIGNED SATE SIGNED SATE SIGNED



The correct age

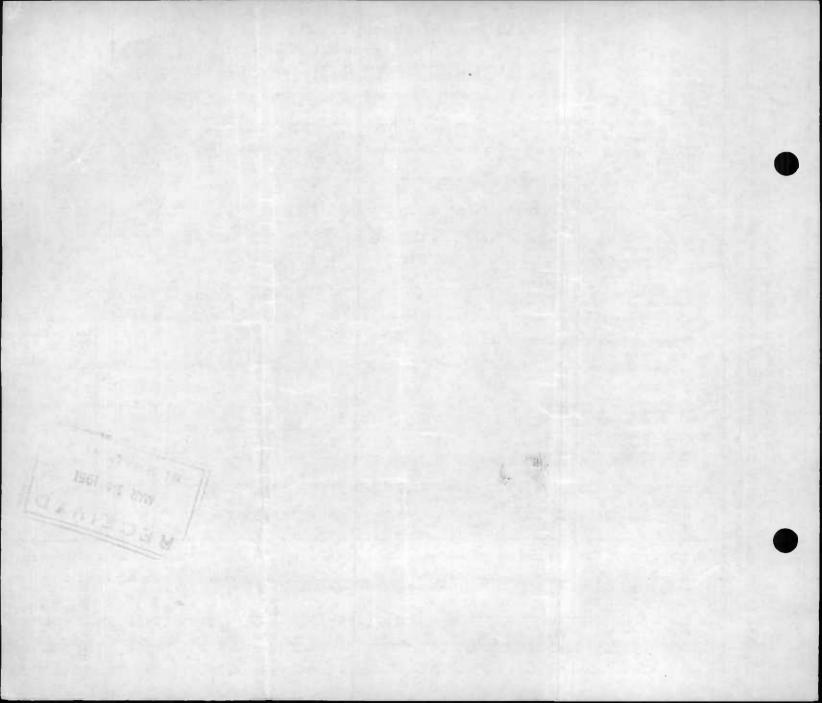
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02817

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside conforate limbs, write RURAL and give nearest than) OR TOWN Aller Abruss - Cural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS /// 76 Old Blacerburg Rd.
3. NAME OF DECEASED (First) (Middle) (Type or Print) Martha	Shouse 4. DATE (Month) (Day) (Year) OF March 1/ 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. **Roy Of the Control of
done during most of working life, even if retired) INDUSTRY James	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Laffacty	14. MOTHER'S WIDEN NAME
15. Was Decrased Ever in U.S. Ashed Forces? (Yes, no or unknown) (If year, give war or dates of service)	17. Informant and address
18. MEDICAL CER I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	ye Central 5 6 than
Antecedent cause(s)	no no l
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	mis.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19 to
side on 3 11 19, and that death occurred at	ADDRESS DATE SIGNED
Journal Commond	M.D. Kensinstan M. 1/1/51
23. BURIAL, CREMATION DATE REMOVAL (Specify) Man. 13. 1951 truen Cen	retery Burtonville, Md.
Marsch 12/51 REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTORY ABOUTH Abouther Lawel Md



PLEASE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02818

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Muyland Kenlgomery MARYLAND CITY (If outside corporate limits, write RURAL and OR givo nearest town)
TOWN PARMA PARK LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) moneto TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS 00 avenue STREET ADDRESS 3. NAME OF (First) (Middle) EVL 4. DATE (Last) (Month) (Day) (Year) DECEASED SHURE 23 DEATH March 1957 (Type or Print) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last hirthday 5. SEX 7. SINGLE, MARRIED If under I year | If under 24 hrs. WIDOWED DIVORCED, (Specify) Months | Days | Hours | Min. august 21, 1858 emale 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even If retired) INDUSTRY COUNTRY! A Hoxsewye Home 14. MOTHER'S MAIDEN 13. FATHER'S NAME 17. INFORMANT 15. WAS DECRASED/EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Kalak D. Shure, Jakon Jark service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (a) Seft Hast Falluce i Pulmonay Elema . Senile Arterios clantic Cardio Varcula Disson Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 198. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 No 🗆 PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) 21. ACCIDENT (Specify) (STATE) SUICIDE office bldg., etc.) HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not Whlio OF INJURY Work At work 1946, to 23 Mach, 1957, that I last saw the deceased 22. I hereby certify that I attended the deceased from Apr. 10 alive on 22 Manul, 195/, and that death occurred at. 4. A.m., from the causes and on the date stated above. (Degree or title) ADDRESS DATE SIGNED SIGNATURE 23 Mar. 1951. NAME OF CEMETERY 23. BURIAL, CREMATION REMOVA (Specify) LOCATION (City, town, or county) DATE THEREOF OR CREMATORY (State) (aml WISCONISCO urial DATE REC'D BY LOCAL REGISTRARYS SIGNATURE ADDRESS



PLEASE

220

correc

The

MARYLAND STATE DEPARTMENT OF HEALTH

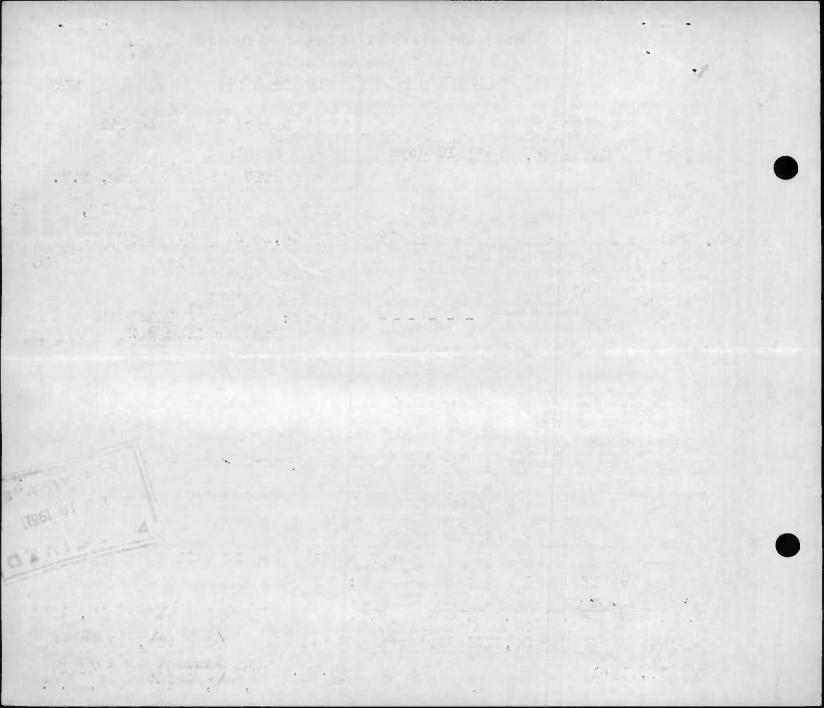
2411 N. Charles Street, Baltimore

02819

Street. NW. Washington, D.C.

CERTIFICATE OF DEATH Reg. Dist. No. 215 I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Montgomery District of Columbia MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) Bethesda Washington TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR Myrtle Avenue, N.E. ADDRESS STREET ADDRESS (Middle) 3. NAME OF (First) (Last) (Day) (Year) DECEASED SMITH DEATH March 16. 195] Everett Ammi (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 9. AGE last hirthday | If under 1 year | If under 24 hrs 899ths 23 Hours | Min. White July 24.1883 Male 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
Enlisted Man USTRNav North Carolina COUNTRY? TIS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elijah SMITH Nancy WILLIS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS (Yes, no. or unknown) (If yes, give war or dates of Friend: Raymond JOURNEYGAN Same as INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION | 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Yes \square PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) 21. ACCIDENT (COUNTY) (Specify) (STATE) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Not While While at INJURY Work 22. I hereby certify that I attended the deceased from Mar 5 1951 to Mar 16, 1951, that I last saw the deceased alive on Mar 16 , 19.51, and that death occurred at 9:50 P m., from the causes and on the date stated above.

ADDRESS DATE SIGNATURE: U.S. NAVAL HOSPITAL March 17. 1951 RI REYNOLDS, LTJG, MCR, USNR DATE THEREOF NAME OF CEMETERY OR CREMATORY 23. BURIAL CREMATION LOCATION (City, town, or county) REMOVAL (Specify) Arlington National Arlington, Virginia Mar 20.1951 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS M. Perry Funeral Home 4601 1951



VS. A15

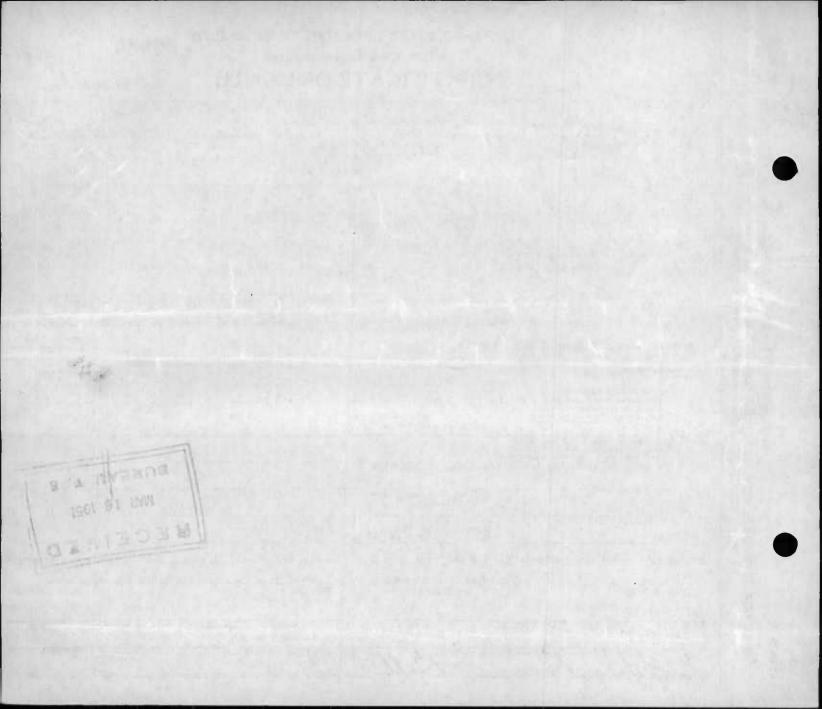
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02820

1. PLACE OF DEATH-	IS 2 TIGHTAT DESIDENCE (HOME) OF DECIMARIO	
COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	-
MARYLAND MARYLAND	Marksand III	long one
CITY (It optside corporate limits, write KURAL and OR have nearest town) (in this place)	CITY (Il autside porporate limits, write RVRAL and rive	e nearest town)
OR TOWN (in this place)	TOWN Paral 9 aithershuls	. / /
HOSPITAL OR		
INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS 2	200-	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	111711 OF 1	0 11
(Type or Print))/// // DEATH/March	190/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE iast birtbday If under 1	year If under 24 hrs.
FEMALE W WIDOWED, DIVORCED, (Specify) CANSY	Mar/8.1869 81 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on		CITIZEN, OF WHAT
don during most of working life, even if retired) Industry		COUNTRY?)
Jomester Jun Home	Muni West fa	WST
13, FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
Lindsur & Wellel	Cinna B. Kesoner	
TS WAS DECRASED EVER IN ILS. ARMED FORCES 1 16. SOCIAL SECIETY NO.	IT INFORMANT AND ADDRESS	
(Yes, no, or unknown) (Lives, give war or date of	1	
In service) In how	rearing mith of auni	sourgh
18. MEDICAL CE	RTIFICATION	10
TOTAL COME OF CONDITIONS DIPERTY LEADING TO DEATH		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
(later anders	tic Heart Disease	0
Immediate cause (a)		several.
420,0 manherted b	y aurular fibillat un	ween
Antecedent cause(s)	heart failule	7 .
Diseases or conditions, if any, (b) giving rise to the above cause		
stating the underlying cause last		
(c) serully		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street.	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.)	(0111 011 10 1111)	(DIMIN)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	A 24	
22. I hereby certify that I attended the deceased from Man.	10.5/ to MARA . 9 10.5/ that I last as	the deceased
22. I hereby certify that I attended the deceased from the late.	A, 13 Main, Co. C.	w the deceased
alien on MACIA 9 105/ and that double accurred at		
anve on, 15, and that death occurred at	7 10 b m from the source and on the date etc	tad abana
(Degree or title)	7m., from the causes and on the date sta	
SIGNATURE: (Degree or title)	ADDRESS	ted above. DATE SIGNED
SIGNATURE Language (Degree or title)		
Jack Achamester M. D.	Satherebury Med. W	Pare Signed
SIGNATURE: (Degree or title) Jack Ach accession M. D. 28 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS	DATE SIGNED
SIGNATURE: (Degree or title) Ach Schauselle M. D. 28. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE 1) REMOVAL (Specify)	Satherebury Med. W	Pare Signed
SIGNATURE: (Degree or title) Jack Ach accession M. D. 28 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	Satherebury Med. W	Pare Signed
SIGNATURE: (Degree or title) Cach Schauselle M. D. 24. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE PREMOVAL (Specify) Ma 12 1951 Danks	Dathersburg Med. MERY OR EREMITORY LOCATION City, town, or country	DATE SIGNED (State)
SIGNATURE: (Degree or title) 28. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE PREMOVAL (Specify) Ma /2 /95 DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE	Dathersburg Med. MERY OR EREMITORY LOCATION City, town, or country	DATE SIGNED (State)
SIGNATURE: (Degree or title) 24. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE	Dathersburg Med. MERY OR EREMITORY LOCATION City, town, or country	DATE SIGNED (State)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

02821

1. PLACE OF DEATH- COUNTY MONTH MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Mostan
CITY II avaids approach limits with RURAL and I LENGTH OR STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
CITY (Il outside corporate limits, write RURAL and LENGTH OF STAY OR one nearest covery) TOWN (in this piace)	TOWN Tural Cooksself	mg
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) BENJAMAN H	NOWDEN DEATH MOS	1951
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify)	111/2/8-18/11/9-187/yrs.	Days Hours Min.
dene during most of working life, even it retired. Industry		CITIZEN OF WHAT
13. PATHER'S NAME	MOTHER'S MAIDEN NAME	W.
Richard Inowden	Ness Class	
16. WAS DECRASED ÉVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	T. INFORMANT AND ADDRESS OF SALE	
18. MEDICAL CEI	PTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
McGanasa	THE RESERVE OF THE PERSON NAMED IN COLUMN	1 42ma 17.
Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) h up how 5 cl	-0.000000000000000000000000000000000000	
446 × Antecedent cause(s)	1, :	Jace
Diseases or conditions, if any, (b)	7/42 12	
13 1 o giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OTERATION		
A DI LOR (II)	(CITY OR TOWN) (COUNTY)	(STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY		(SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Work At work	HOW DID INJURY OCCUR?	
INCOR!	1 110 1/4	
22. I hereby certify that I attended the deceased fromNove	1947, to 1746 // 195 , that I last sa	w the deceased
n. ,	100	
alive on /1004 10, 196/, and that death occurred at	ADDRESS	ated above. DATE SIGNED
SIGNATUR) (Degree or title)		DATE SIGNED
Chales S. Wentaker, 14.0	. Clarkers/le, 19d.	3/10/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
Burn Mar 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	vord Homony Co	IN 9
DATE REC'D BY LOCAL RECATTAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
1 10 51 6. Sensi Illicolo	July W Darten ofto	nsyalle.
	To the state of th	- mad
	(/2/010)	3 /



المالية المالية

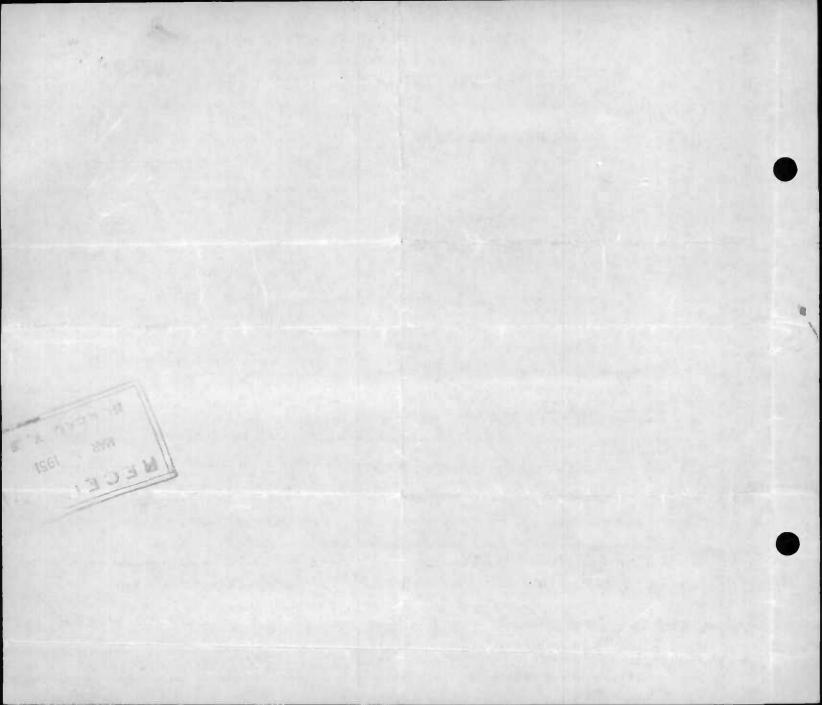
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (HE STATE MARYLANI		COUNTYMONTGOMERY
CITY (If outside corporate limits write RUR OR give nearest town)	AL and LENGTH OF STAY (in this place)	OR GALTHI	RSBURG	L and give nearest town)
HOSPITAL OR THE MOILUSON	ery County - spital Inc.		MITTAVENO	action)
3. NAME OF (First) DECRASED (Type or Print) CHARLES	(Middle)	STARNER	4. DATE MAR	CH 3ny) (Year) 19 5 1
5. SEX COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED NAVACED (Specify) MARRIED	16/31/7011	80 yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work Rdang during many of war line life, even if retired)	10b. KIND OF BUSINESS OF INDUSTRY B&	PENNSYLVANIA	foreign country)	COUNTRY?U. S. A.
CORNELIUS STARNER		HANNAH STEIN	IBAUGH	
15. Was Decrased Ever In U.S. Armed Forces (Yes, no, or unknown) (If yes, give war or dates service)	7 16. SOCIAL SECURITY NO.	HOSPITAL REC	DDRESS ORDS	
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		- t0	INTERVAL BETWEEN ONSET AND DEATE
153 × Immediate cause Antecedent cause(s)	Carcinoma That with	lover inte		1/2 yes.
giving rise to the above cause	viva non		99 00 000 0 0 0 0 1 0 0 1 0 0 1 0 0 0 0 0 0	
stating the underlying cause last (c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.			
19a. DATE OF OPERATION 19b. MAJOR 1				20. AUTOPSY?
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJ	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR TO	OWN) (C	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended th	e deceased from	1944 to 3-3	1957, that	I last saw the deceased
alive on 3-3 , 1987, an				
SIGNATURE 20 Banana	(Degree or title)	ADDRESS		DATE SIGNED
23. BURIAL, CREVATION DATE THERE REMOVAL (Specify)	OF NAME OF CEMETE	RY OR CREMATORY LO	ATION (City, town	a, or county) (State)
Bur 19/1/ _5/6/5	SIGNATURE OPPOING	24. FUNERAL DIRECTOR	Baltimo	ore Md
REG. May 5, 1957 alone	as G. Booke	Ernest. C	, Gartner.	Gaithersburg
				690506 Ma



Supply write

INK.

WRITE

PLEASE

320

correct

The

of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH

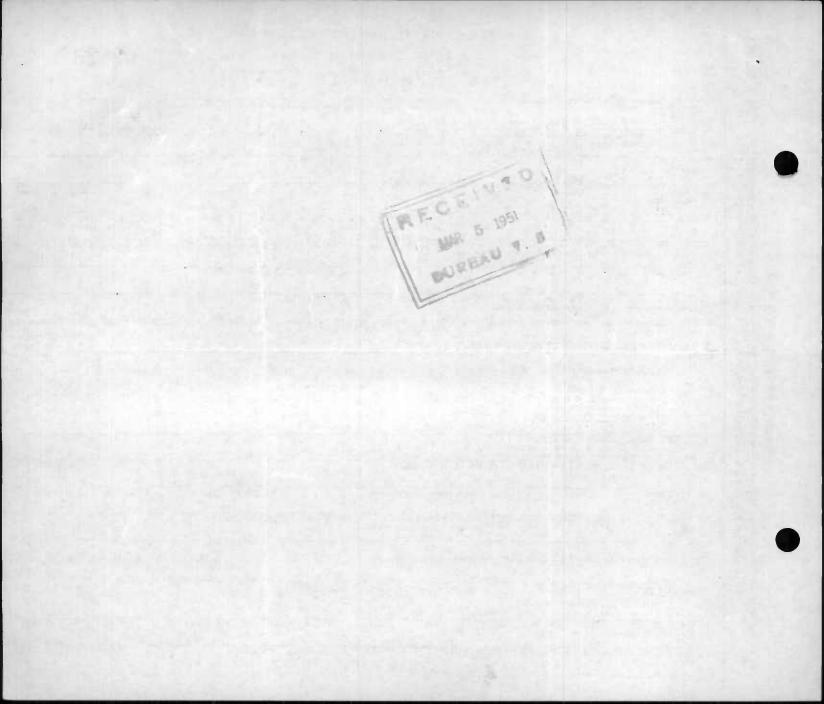
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY COUNTY STATE CITY (If outside corporate limits, write RUIT Date To City gomer. NOM MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY givo nearest town). OR (in this place) OR TOWN TOWN STREET HOSPITAL OR INSTITUTION OR (If rural, give location) ADDRESS 5304 Elm STREET ADDRESS 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF ullivan agorque ahunt DEATH 3 (Type or Print) 1957 7. SINGLE, MARRIED, WIDOWED, DIVORCED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last hirthday If under I year |If under 24 hrs. Months Days | Hours | Min. ma (Specify) manniad 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, evon if retired INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME anni 10ma8 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) ... giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUDOPSY? Chaliny Carcino Yes D No [PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT SUICIDE (CITY OR TOWN) (COUNTY) (STATE) (Specify) INJURY HOMICIDE HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not While While at INJURY Work At work 1942, to / Taul J, 195, that I just saw the deceased 22. I hereby certify that I attended the deceased from ... Alacsa. alive on..... DATE SIGNED SIGNATURE anner OR CREMATORY LOCATION (City, town, or county) 23. BURIAU, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY (State) 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS

280506



important.

especially

PLAINLY

WRITE

PLEASE

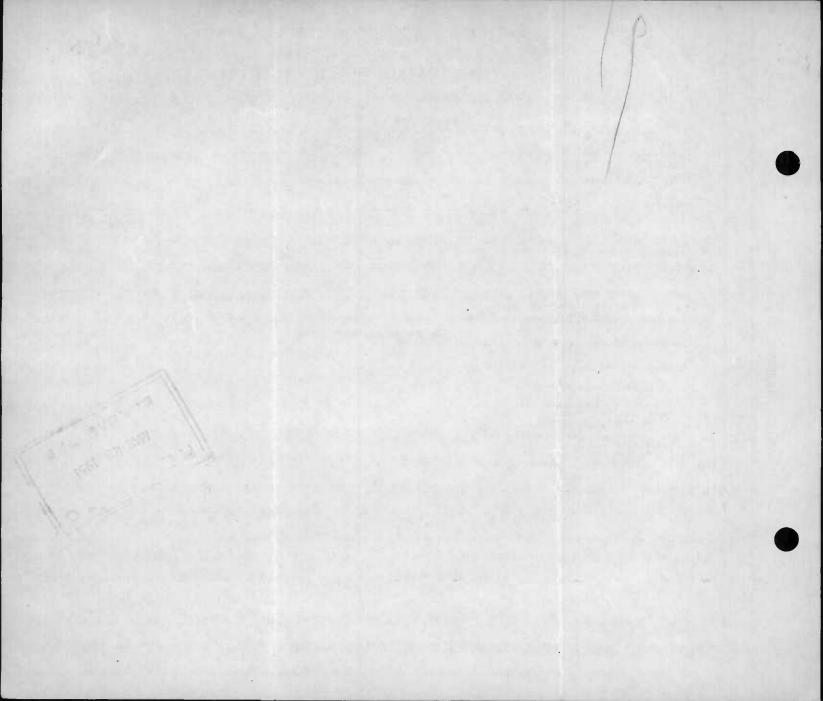
correct The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. I. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and UR give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town (in this place) TOWN HOSPITAL OR STREET (Lrural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) 4. DATE (Last) (Month) (Day) (Year) DECEASED (Type or Print) 195 DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF 9. AGE last birthday | If under 1 year | If under 24 hrs Months. Day Hours Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, If any, 107 giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (Specify) (STATE) SUICIDE OF office hldg., etc.) HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) OF INJURY While at Not While Work At work 22. I hereby certify that I attended the deceased from Mar. 18, 1951, to Mar. 20, 1951, that I last saw the deceased SIGNATURE DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) CEMETERY OR CREMATORY LOCATION (City town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REG. 3



VS. A15

The correct age

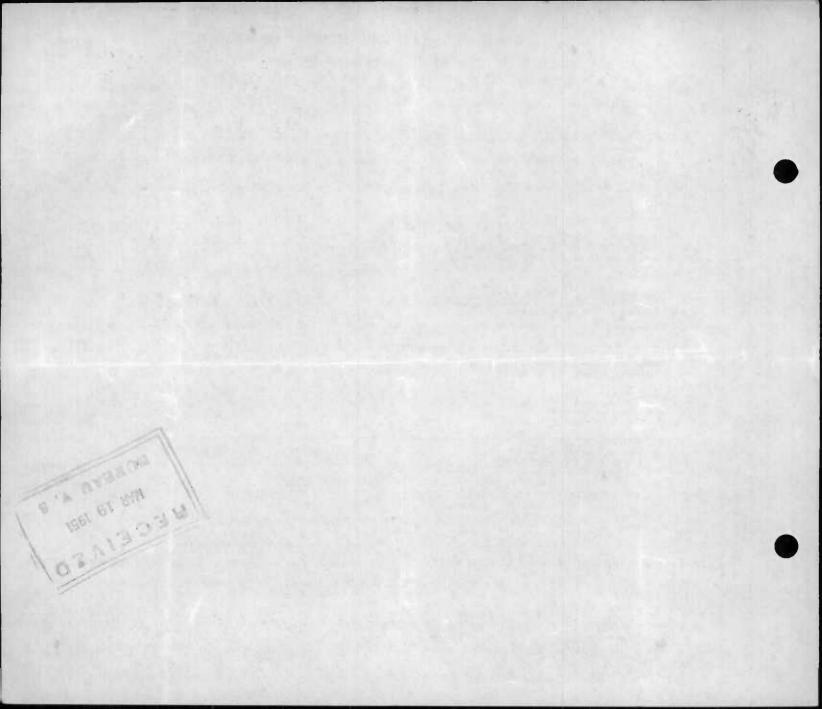
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02825

	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MARYLAND	STATE AL COUNTY
CITY (If outside corporate lights, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (/ (in this place)	OR
TOWN Olney	TOWN Martinsburg
HOSPITAL OR INSTITUTION OR MY	STREET (If rural, give location)
STREET ADDRESS Montgomery County den Hospita	lone: near Dickerson -P+2
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Bah (Girl	OF 3
(Type or Print) DAD VI CI 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	17107119 7 22222
WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Months Days Hours Min,
remale 1 Colored 1 (Specify) Single	3,14,5 ym. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
New 00 m	Manyland Country? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Seymour Thomas	Emma Cala and
15. WAS DEGRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of	1/ / 6
service)	Hospital Records
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH .	INTERVAL BETWEEN ONSET AND DEATE
	77. 1. 11.
Immediate cause (a)	Wy - Leve getween In.
776 x	100000000000000000000000000000000000000
Antecedent cause(s)	
Diseases or conditions, if any, (b)	100
giving rise to the above cause tating the underlying cause last	
(a)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.	
	20. AUTOPSY?
related to the disease or condition causing death.	20. AUTOPSY? Yes No
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office hidg., etc.)	Yes No 🗆
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Yes No 🗆
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) ROMICIDE INJURY INJURY INJURY INJURY OCCURRED OF OF While at Not While	(CITY OR TOWN) (COUNTY) (STATE)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	(CITY OR TOWN) (COUNTY) (STATE)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT OF office hidg., etc.) SUICIDE OF office hidg., etc.) HOMICIDE INJURY INJURY OCCURRED OF INJURY Not While of the condition of t	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.5., to
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT OF office hidg., etc.) SUICIDE OF office hidg., etc.) HOMICIDE INJURY INJURY OCCURRED OF office hidg., etc.) 22. I hereby certify that I attended the deceased from 3 14 23. I hereby certify that I attended the deceased from 3 14 24. I hereby certify that I attended the deceased from 3 14	HOW DID INJURY OCCUR? 19.5 [, to
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT	HOW DID INJURY OCCUR? 1951., to
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT OF office hidg., etc.) SUICIDE OF office hidg., etc.) HOMICIDE INJURY INJURY OCCURRED OF office hidg., etc.) 22. I hereby certify that I attended the deceased from 3 14 23. I hereby certify that I attended the deceased from 3 14 24. I hereby certify that I attended the deceased from 3 14	HOW DID INJURY OCCUR? 19.5 [, to
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OFF office hidg., etc.) 18a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MA	HOW DID INJURY OCCUR? 19.5 , to , to 19 , that I last saw the deceased
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT OF office hidg., etc.) SUICIDE OF office hidg., etc.) HOMICIDE INJURY INJURY OCCURRED OF office hidg., etc.) INJURY While at Not While INJURY Not While At work 22. I hereby certify that I attended the deceased from At work 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE BMOVAL (Specify) NAME OF CEMETE	HOW DID INJURY OCCUR? How Did Injury occur? 19, that I last saw the deceased 10.0 0.m., from the causes and on the date stated above. DATE SIGNED Community
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) 18a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 18b. Major Street, OFFICE OF OFFICE OF OFFICE OF	HOW DID INJURY OCCUR? How Did Injury occur? 19, that I last saw the deceased 10
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY (Hour) INJURY OCCURRED While at Not While INJURY (Mork) At work 22. I hereby certify that I attended the deceased from 3	HOW DID INJURY OCCUR? How Did Injury occur? 19, that I last saw the deceased 10.0 0.m., from the causes and on the date stated above. DATE SIGNED Community
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office hidg., etc.) ROMICIDE (Homth) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While at Not While at Not While at Not Work) 22. I hereby certify that I attended the deceased from At work 1 24. Accident (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While at Not Work 1 25. BURIAL, CREMATION DATE THEREOF (Degree or title)	HOW DID INJURY OCCUR? How Did Injury occur? How Did Injury occur? How Did Injury occur? How Did Injury occur? How Did Injury occur? How Did Injury occur? How Did Injury occurs How D



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

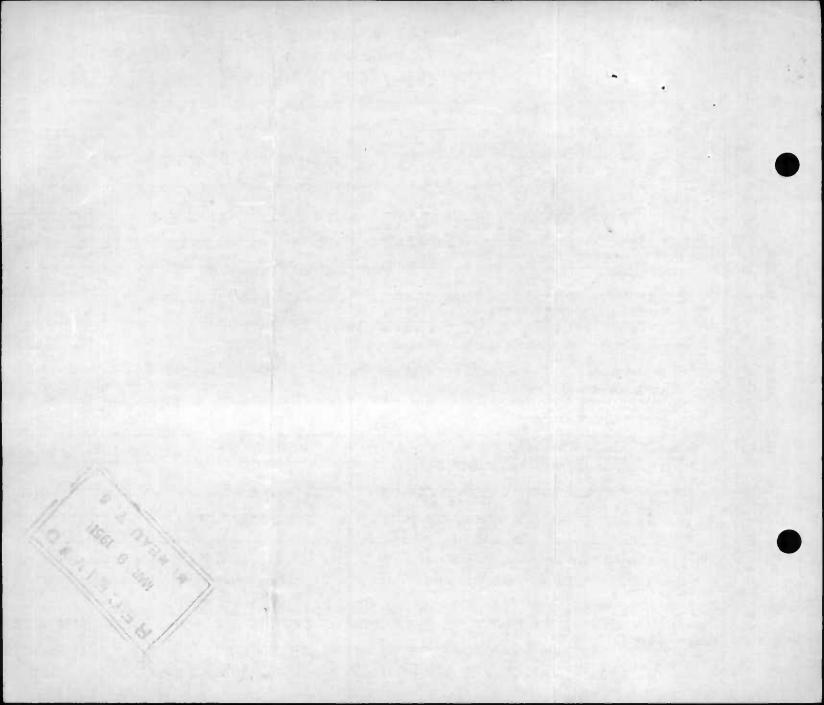
2411 N. Charles Street, Baltimore

112825

CERTIFICATE OF DEATH

g. Dist. No. 223-

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY MOUXQUINGY MARYLAND	CITY (If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN (in this place)	TOWN Washing You.
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR Washing 18 m all the ser	ADDRESS
STREET ADDRESS /a Kong Gark. Mil	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yea
(Type or Print)) OV Cas Pt 10 10	Mondo Son DEATH 2 4 19:
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24
Panala Whixa (Specify) widewad	10 13 - 20 80 yrs. Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH
done during most of working life, even if retired) INDUSTRY	Belment Co. Onio COUNTEY? US F
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1.11 . 11.1	Nancy Ness
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of	
service)	Santerin Records.
18. MEDICAL CE	RTIFICATION INTERVAL BETWE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
0	0
Immediate cause (a)	clerono 7. homos
420	
Antecedent cause(s)	leaving agree agreed of
940 Diseases or conditions, if any, (b)	and the state of t
stating the underlying cause last	
(e)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes IN No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE Office bldg., etc.)	
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While _	1011 212 1110111 000011
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 5-14	1048 to 3-4 1057 that I last saw the decrees
22. I hereby certify that I attended the deceased from	, 15 mil., to, 15 mil., that I last saw the decease
alive on 3-4, 19.57, and that death occurred at //	, m. from the causes and on the date stated above.
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNE
1000 A.O	Cakma Park Ind 3-5-5
12 regime WD	Cartha Vacia Ind
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
O DEMONAL Specify	24) FUNERAL DIRECTOR ADDRESS
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL Specify: Work (95/ DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE) REG. 3-5-57	24) FUNERAL DIRECTOR ADDRESS
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL Specify: DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-5-57	24) FUNERAL DIRECTOR ADDRESS



Reg. Dist. No....

(Day)

| If under | year | If under 24 hrs | Months | Days | Hours | Min.

COUNTRY?

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

(Year)

1951

(Month)

man

CERTIFICATE OF DEATH correct FOR MEDICAL EXAMINERS The I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY MARYLAND of information carefully. death clearly and legibly. CITY (If outside corporate limits, write RURAL and give nearest topin) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Middle) (Last) 4. DATE DECEASED (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARKEL 8. DATE BIRTH 9. AGE last birthday 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR LACE (State or foreign country) done during most of working life, even if retired) Supply every item write the causes of 13. FATHER'S NAME mas 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes. po. priknown) | Ill yes, give war or dates of service) 16 SECURITY NO. 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INK. please Immediate cause INFADING I Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not WITH UI 5 related to the disease or condition causing death 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) office bldg., etc.) PRIMARY GOR CONTRIBUTING GAUSE OF DEATH. INJURY PLAINLY, especially i TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work PLAI (E) from: natural causes X, accident , suicide , homicide , undetermined .

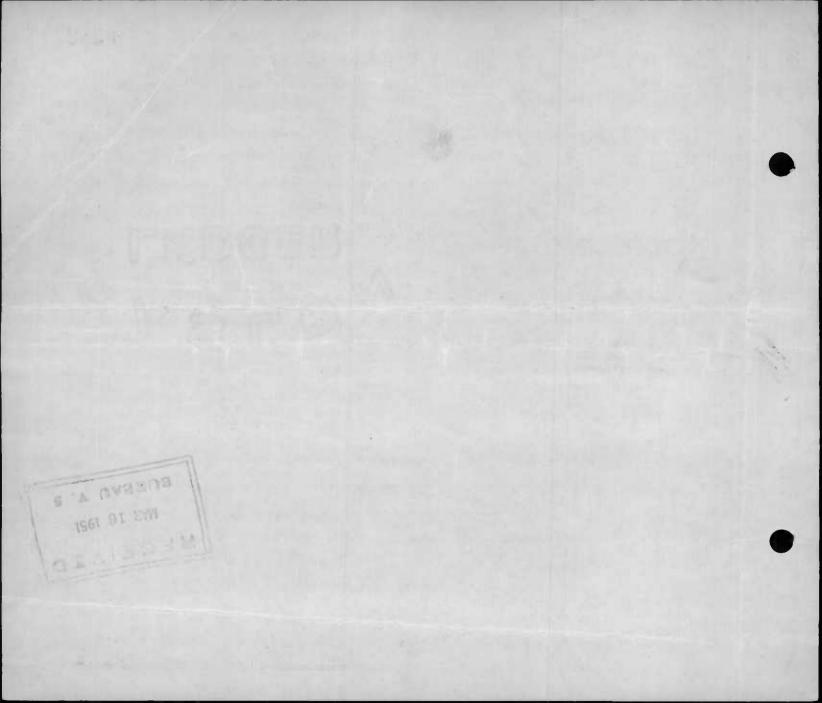
20. AUTOPSY? (COUNTY) (STATE)

22. I certify that I took charge of the remains described above, held an Autopsy . Inspection y, Inquiry . thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted SIGNATURE (Degree or title) ADDRESS DATE SIGNED

BURIAL, CREMATION NAME OF CEMETERY OR CREMAT

-

ASI 回



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02828

1. PLACE OR DEATH. COUNTY CONTROL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give neared way building the company of th	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR Sally hursey Home	STREET ADDRESS Pash (If rural give location)	1
3. NAME OF DECEASED (First) (Middle) (O/CA)	(Last) 4. DATE (Month) OF DEATH 4. DATE OF DEATH	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE iast birthday If under Months.	l year If under 24 hrs. Days Hours Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) INDISTRY	11. BIRTHPLACE (See or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME HAVIOR	14. MOTHER'S MAIDEN NAME TURA	IER
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	song. Home Record	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) my o cardin	l Failure	6 days
Antecedent cause(s)	+ 9/ 1.1	
Diseases or conditions, if any, (b) this Del giving rise to the above cause stating the underlying cause last	arotec Deart Disease	so the one of the control of the con
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mal mutulion	udayanemia	ye de sê sê copula desendado de dede de de ser
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY M. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October		
alive on Mand / Q., 195 , and that death occurred at	ADDRESS ADDRESS	ted above. DATE SIGNED
Deyamme racison, m. D 78.	96 Leargea Cus. Selver Spruy, mel	3/10/57
23. BUNAL, CREMATION DATE REMOVAL (SPORTS) 3-//-5/	Prah Mashrigton	O C (State)
REG. 2 SIGNATURE	13 Danganeka 4 Low	wash DC
	() 3501-14th St	WTr.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

() 2829 Reg. Dist. No. 216

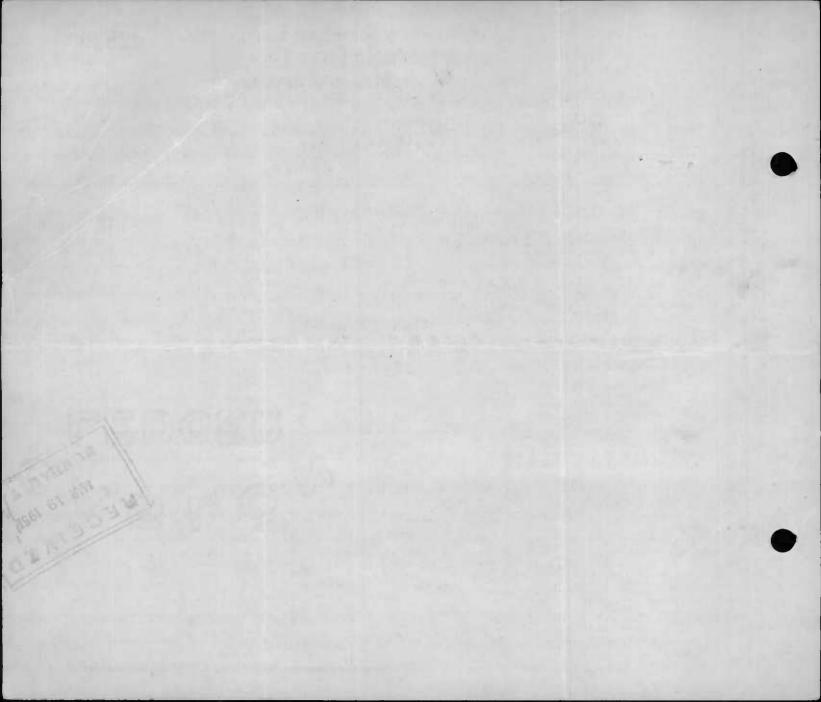
I. PLACE OF DEA			2. USUAL RESIDENCE	(HOME) OF DECE	COUNTY	y .	
	Montgomery	MARYLAND	Mar	yland		Mont	gome ry
OR give near	est town) Chevy hase	AL and LENGTH OF STAY (in this place)	CITY (If outside corpo OR		_	e nearest	town)
HOSPITAL OR	Chevy hase		TOWN	Chevy Chi	ase		
INSTITUTION STREET ADDI	OR RESS		ADDRESS	Conn. Ave.	e location)		
3. NAME OF	(First)	(Middle)	(Last)	14. DATE	(Month)	(Day)	(Year)
(Type or Print)	Taha	Edward	Torpey	OF DEATH	March	31	19 51
5. SEX	John	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthd			
Male	White	WIDOWED, DIVORCED, (Specify)	3/30/1890	63	Months	Days E	Hours Min.
	UPATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12	CITIZEN	OF WHAT
	of working life, even if retired)	U.S. Navy Yard	Phil, Pa.			COUNTRY	SA
Machinis 13. FATHER'S NA	AME		14. MOTHER'S MAIDE	N NAME			
	Patrick Torpey		Mary McGui	gan			
15. WAS DECRASED	EVER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknow Ves	n) (If yes, give war or dates service) WWI	of	Margaret Tor	DAY 6805 C	onn. Av	0.	
		18. MEDICAL CE		P 0,1 0000			
T DISEASES OF	CONDITIONS DIRECTLY					INTERVA	AL BETWEEN AND DEATH
		LEADING TO DEATH				ONBIGT	AND DEATH
463× Immedi	late cause (a)	Pulmonary embolism				30	min.
Diseases giving rise	lent cause(s) or conditions, if any, (b)l e to the above cause se underlying cause last	Phlebothrombosis,	left leg	01-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100	000 x 2000 0x mgx 4/mg/c00 0 0g/g-y x	3	weeks
	(e)					1	
Conditions contr	IFICANT CONDITIONS ributing to the death but not sease or condition causing deat						
19a. DATE OF OI	PERATION 19b. MAJOR	FINDINGS OF OPERATION				1 20. AU	TOPSY?
							□ No □
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY OR	TOWN)	(COUNTY)	-	TATE)
SUICIDE HOMICIDE	OF INJ	office bidg., etc.) JRY				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	h) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?			
OF INJURY	m.	Work At work					
		3/6/					
22. I hereby ce	ertify that I attended th	e deceased from 3/6/	, 19 <u>51</u> , to	, 1994, th	at I last s	aw the	deceased
alim on 3/	31 161 97	d that death occurred at	12:18 m from th	o seriese and on	the date at	atad ah	0.870
SIGNATUR		(Degree or title)	ADDRESS	e causes and on	the date st	DATE	SIGNED
1	a Ka	1 - 411	2000 - 0. 3	•		-11	
10	a the	na m.	1835 I St. N			3/31/	51
23. BURIAL, CRE	EMATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City,	own, or count	ty)	(State)
REMOVAL (S	4/3/51	Arlington	Nat'l.	Rt. Meye	er. Va.		
DATE REC'D B		SIGNATURE	24 DNERAL DIRECT	QR	0	ADDI	RESS
REG. 3/31/51	Helen b	urvack	John X	Galling	ky 13	1-11	MAR
				1-1-1-1	+	1	(Ne
				34457	8	vas	N Da

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02830

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND MARYLAND	Maryland	monly.
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place)	CITY (If outside serporate limit, write RURAL and giv OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS / 2 4 Semming Rd	STREET ADDRESS / 2 / 4 (Heyral, give location)	Rd
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	celegra DEATH MAN	14 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1. AGE last birthday 1. If under Months 1. Mon	I year If under 24 hrs
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	11/colone in HC	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Solar & Turker	Lille Wiles	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	trancer T. Mann	
18. MEDICAL CE		1-
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Covernary &	celisia	sudden
Antecedent cause(s)		diasi
Diseases or conditions, if any, (b)	1 1 1 1 1 1 1 1 1 1	
stating the underlying cause last		
/c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions entributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No P
21. EXTERNAL CAUSE WAS PRIMARY OF OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, at work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes X, accident , suicide , homicide , SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE/THEREOF NAME OF SEMETE REMOVAL (Specify)	Undetermined ADDRESS Surthusland md	DATE SIGNED
DATE REC'S BY LOCAL REGISTRAR'S SIGNATURE REG. 3/15/5/1	24. FUNERAL DIRECTOR The Kiner Co 2901	ADDRESS NW
		M. I. T.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

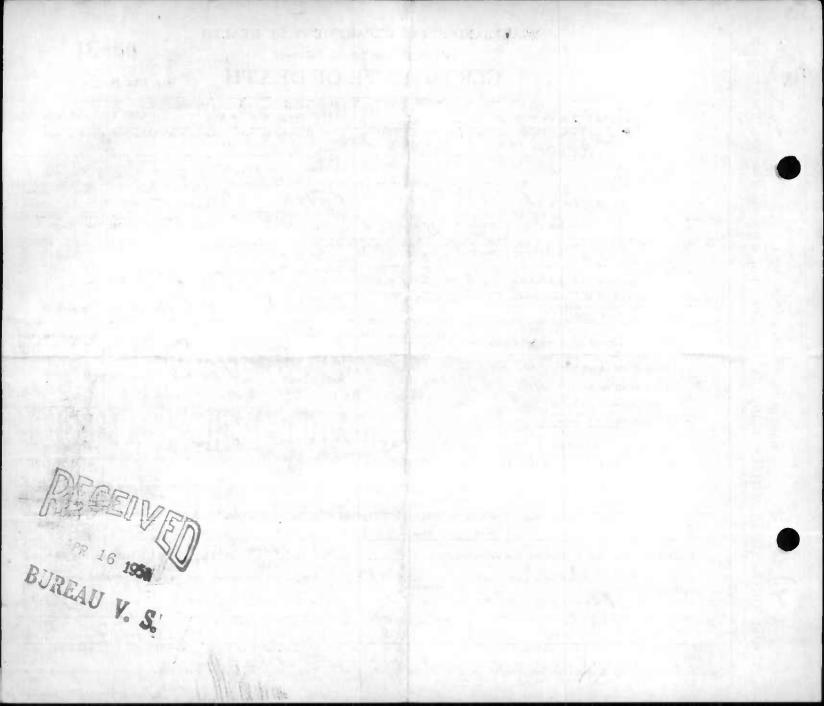
ODMITTOM	E Of DESTRICT Reg. Dist. No	···×/
I. PLACE OF DEATH- COUNTY MORTS OME 4 9 MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) ROCKUILS (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN ROCK VI	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 124 8 (If rural give location)	utem St.
3. NAME OF DECEASED (First) MANgan < T Linthicum	(Last) 4. DATE (Month) OF DEATH	(Day) (Year)
5. SEX 6. COEOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWALD, DIVORCED, (Specify)	8. DATE OF BIRTH Octi, 1873 9. AGE last birthdsy If under Months yrs.	1 year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT
13. FATHER'S NAME CONG & WAShington Linthiela	MAHY LOUIS & CIRH	1
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT / FRANK ASERTS	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	etric frameonkage	Interval Between Onset and Death
540 . Antecedent cause(s)	tric ulcer	15 YEBA-
Diseases or conditions, if any, (b)— giving rise to the above cause stating the underlying cause last		***************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	sclenosis, Generalized	134003
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		1
23. BURIAL, CREMATION DATE NAME OF CEMETE MEMOVAL (Specify) March 22/51 Rockvill	e Union Rockville,	y) (State) Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

PLEASE



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02832

COUNTY Mon gomery Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED.	c
CITY (If outside corporate limits, write RWRAL and LENGTH OF STAY OR give nearest town) Bethesda (in this place)	CITY (If outside corporate limits, write RURAL and give TOWN WAShington	e nearest town)
HOSPITAL OR SUBUYBAN HOSP. STREET ADDRESS 8600 George Town Rd.	STREET ADDRESS 5455 33 3 51	N.W.
3. NAME OF DECEASED (Type or Print) Mattie Jane Van	Deursen L. Date (Month) Deursen Death March	(Day) (Year) 29 195
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH Dec. 16, 1865 9. AGE last birthday II under Months yrz.	
10a. USUAL OCCUPATION (Give kind of work done during most of workind life, even if retired) INDUSTRY	Berlin, Wisconsin	COUNTRY? WHAT
Henry Gaines	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? (Yes.ho, or unknown) (If yes, give war or dates of service)	Hospital Leconds	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) / Vernipligiq,	st., severe	10 days.
3 3// Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	entension	15 40
83 stating the underlying cause last (c) Cultury ellips	is generalized severy	15 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	left his (femm)	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3://	, 1957, to 3:29 , 1957, that I last se	aw the deceased
alive on 3. 27, 195, and that death occurred at/O. SIGNATURE. (Degree or title)	ADDRESS	ated above. DATE SIGNED
Alman wayy M. C.	3921 44 may 87.7.00.	3.4.51
73. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 3/30/5- Cledar File	Crematory Soutland, h	aryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-30-51 Keller Kurvain	24. FUNERAL DIRECTOR Tobert A. Frankling. Bell	ADDRESS .
11.	, , , ,	

MECEIVED SEN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

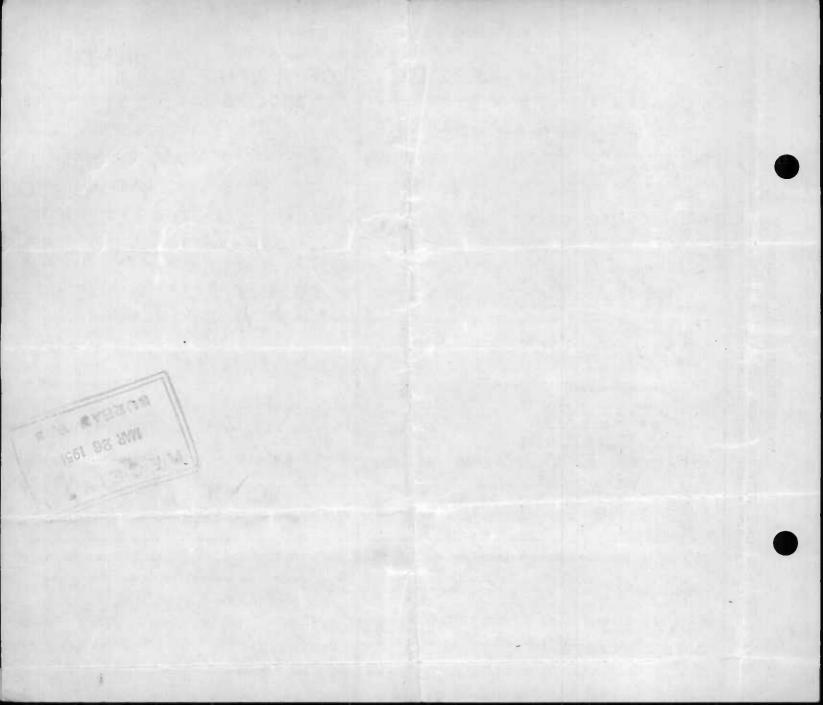
CERTIFICATE OF DEATH

02833 Reg. Dist. No. 218

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
COUNTY Mandagemery MARYLAND	Man Ven . S	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town)		e nearest town)
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place) TOWN (In this place)	TOWN Diefouson	
HOSPITAL OR (If rurai, give location)		
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	OF 2	100
(Type or Print)	B. DATE OF BIRTH 9. AGE iast birthday If under	
WIDOWED DIVORCED,	Months (Days Hours Min.
(Specily) Sit 7. VD		CITIZEN OF WHAT
done during most of versicing life, even if retired) INDUSTRY		COUNTRY?
Relied farm balover	Jary Louis -	434-
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Welleam I. Venson	Tose Shellon	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	0 10
(1 est, no, or unknown) (if year, give war of dates of	Mrs & H. Wolon - Bellie	solee his
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CONGESTIVE	YEART FAILURE	3 DAYS
+43 × Antecedent cause(s)		
Diseases or conditions, if any, (b) ARTERIOSIS		10-15 YR3
93d giving rise to the above cause stating the underlying cause last		the second
(c) /7/2/1/////////////////////////////////		10-15 YRS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		I AA AVIMODOVIA
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
to be de	-01 14-4-1181	
22. I hereby certify that I attended the deceased from Th. 1951, to March 18, 1951, that I last saw the deceased		
alive on Manch 18, 195/, and that death occurred at	11 Pm from the causes and on the date at	ated shows
SIGNATURE (Degree or title) ADDRESS DATE SIGNED		
Janto & Roy Line M.D. Kockville, And. 3/2/5		
fordons. A asendurise 11.0. 10 ford, one . 5/20/5/		
23. BURIAL CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stute)		
REMOVAL (Sprify) 3/21/51 Monococy Dealls ville, In		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR , ADDRESS		
My 23 1951 aby 1 & Corpe W. Denny 13.1 Lelan		
Burulentle The - 820/05		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



PLEASE

The correct age

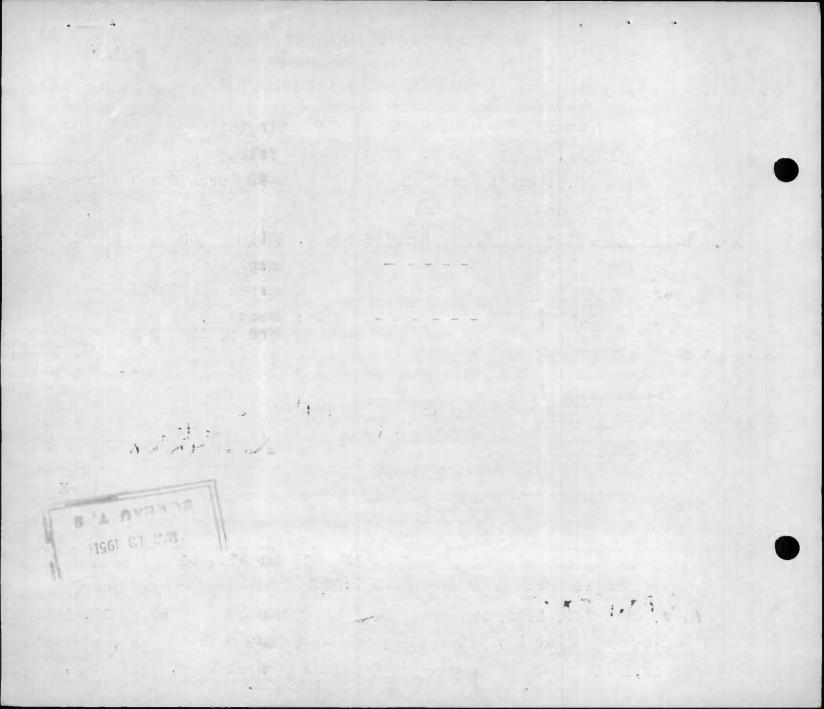
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02834

I. PLACE OF DEATH.		2. USUAL RESIDENCE (I		
COUNTY Montgomery MARYI		STATE Virgi		ngton
	of stay	OD -	ate limits, write RURAL and ngton	
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospita	1	ADDRESS 2028	(If rural, give location) North Kenmore	Street /
3. NAME OF (First) (Middle)		(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) John James		WADDELL	DEATH March	11, 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MAR WIDOWED, DI (Specify) M8	VORCED,	Dec 6. 1891	9. AGE last birthday If und	er t year If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	USINESS OR	II. BIRTHPLACE (State of Pennsyl		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Harry WADDELL			t PETTEBONE	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	RITY No.	Wife: Bessi	ADDRESS e L. WADDELL	
	EDICAL CER	TIFICATION Same	as item # 2	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH			INTERVAL BETWEEN ONSET AND DEATH
1 . \	,	H. Pal.	and the	2 410
754.0 Immediate cause (a) Inox 10	·····	The Folye	go nem la	2 000
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	onan	tibros	LS	30y13.
1572 giving rise to the above cause stating the underlying cause last (c)	109	u of T	allot	159 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.)	Longenita)	Mt. Diseas	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	ERATION			20. AUTOPSY?
				Yes X No 🛘
21. ACCIDENT (Specify) PLACE (Home, farm, fac SUICIDE OF office bidg., etc.)	ctory, street,	(CITY OR	rown) (Count	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCUR! OF While at Not	RED While work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the deceased from.	Sept 1	3 ₁₉ 50, to Mar 1	1 , 1951 , that I last	saw the deceased
alive on Mar 11 , 1951 , and that death occ	curred at	2:00 P m., from the	causes and on the date	stated above. DATE SIGNED
ELY FIX III. LTJG, MC, USN	U.S.	NAVAL HOSPI		12, 1951
23. BURIAL, CREMATION DATE THEREOF NAME OF BURIAL (Specify) Mar 14,1951 Nation	or cemeter onal Me	morial Park	Falls Church,	vunty) (State) Virginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MEG 12,1951	int	24. FUNERAL DIRECTO	l Home, Arlin	address ngton,
- Manage Wolfers	of m	Virginia.	111 10 51	1 . 41.
		VV	VVVI C. G.	much



Evidence for addition 118 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

112835 2411 N. Charles Street, Baltimore

1290726

CEDTIFICATE OF DEATH

Humine. G 131 MAR 12 1951 CERTIFIC	Reg. Dist. No21.6
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
Mank gowery MARYLAN	
OR give nearest town)	STAY CITY (II ownside corporate limits, write RIBAL and ive pearest town)
TOWN Bethesda L8 0	TOWN DETLES OF
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS SUBVEBOU JOSPIT	2/ Paoks Hill aist- aut 604
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year
(Type or Print) / e N NeTh 2011 600	ed Wales DEATH 3 (193
6. COLOR OR RACE 7. SINGLE MARRU WIDOWED, DIVO (Specify)	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 Months Days Hours M. L. Cape 27 189 55 yrs.
10a. USUAL OCCUPATION (Give kind of work) 10h. KIND OF BUSIN	RSS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WE.
isrooker Istocks ti	on de YONKERS N- 4- COUNTRY?
13. FATHER'S NAME	14! MOTHER'S MAIDEN NAME
trank aldelbert Nal.	25 Minie Taylor
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT (Yes, no, or unknown) (If yes, give war or dates of	No. 17. INFORMANT AND APPRESS
service)	Mus Jean Wales (Wife)
18. MED	ICAL CERTIFICATION 650 No Hampton Dre
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	Bilder Springer and Dear
25/ Immediate cause (a) Mening	
356 Immediate cause (a) Frenchy	
Antecedent cause(s)	tone
Diseases or conditions, if any, (b)	Twee
stating the underlying cause last	
	nal cord compression at level of L4 sudden
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	(3/12/51 akc)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	MION
198. DATE OF OPERATION 136. MAJOR FINDINGS OF OPERA	TION 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factor,	r, street, : (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not Whi	
INJURY m. Work At wor	
22 I handw contifu that I attended the decound from	0-10, 1950, to 3-1, 1951, that I last saw the deceased
22. I hereby certify that I attended the deceased from	, 19, that I last saw the deceased
alive on 195, and that death occurr	ed at
SIGNATURE (Degree or titl	a) ADDRESS DATE SIGNED
Nota itas mo -	Betherda 2.2-1-1
26. BURIAL, CREMATION DATE THEREOF NAME OF (EMETERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) Mar.6,1951 Arling	
DATE REC'D BY LOCAL I RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 3-4-51 Helle Kurver	

May 7 1951 AURBAU Y. A 1. 1

VS. 315

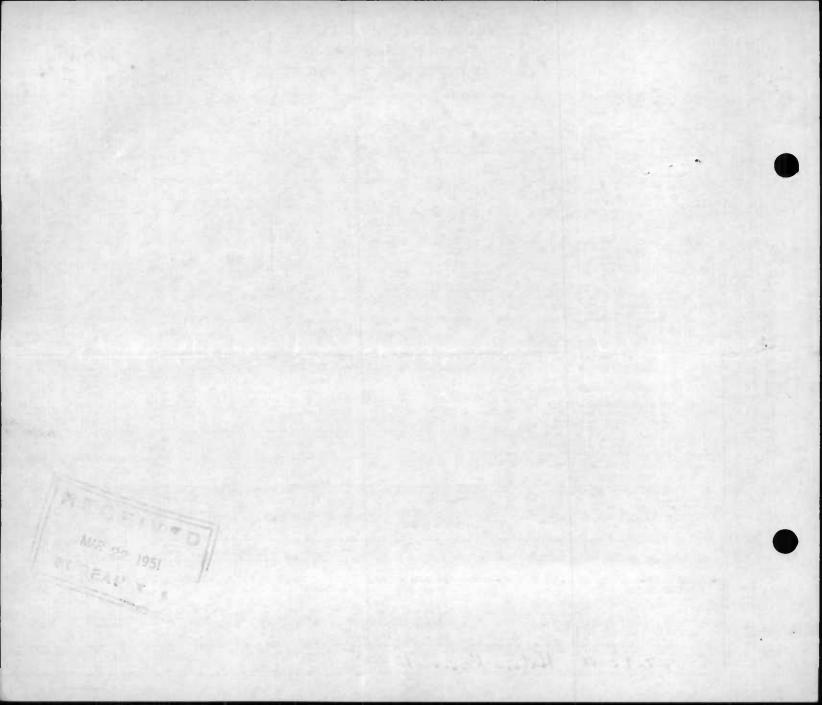
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Larvland COUNTY		
CITY (If outside corporate limits, write RURAL and on the stay of	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John		
NOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital	STREET (If rural, give location) ADDRESS 6416 Woodrow Ave.		
3. NAME OF (First) (Middle) DECEASED (Type or Print) S. Emma May Walker	(Last) 4. DATE (Month) (Day) (Year) OF DEATH March 17 1 (951		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 100Wed	B. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs Dec. 15, 1072 78 yrs. Months. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY XXX	Washington, D.C. 12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Joseph Stacks	Sarah Dixon		
15. Was DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of None	17. INFORMANT AND ADDRESS		
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
Immediate cause (a) Cerclina 🛨	Jennohux 24hs		
Antecedent cause(s)			
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
	Yes No		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1945, to Maul 17, 1951, that I last saw the deceased			
alive on Mand 12, 19 5 and that death occurred at m., from the causes and on the date stated above. SIGNATURE DATE SIGNED			
ound down mo s	016 Junet Ch 3/17/51		
REMOVAL (Specify) Rurial Concord Ce			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-20-57 Hellen Kurversh	24. FUNERAL DIRECTOR ADDRESS, Bethesda, 1.d		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

215 Reg. Dist. No.

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE Montgomery Virginia MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR givo nearest town) Town Bethesda, Rural 2 days Falls Church TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS U.S. Naval Hospital ADDRESS 1525 Parkview Avenue 3. NAME OF (Middle) (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED WHITED Bruce Robert DEATH March 15 (Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs WIDOWED DIVORCED, (Specify) SING 16 Mouths | Pays | Hours | Min. Sept 30,1949 Male White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? TIS INDUSTRY Los Angeles, Calif. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ciro N. WHITED Barbara CRAIG 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Father: Ciro N. WHITED MEDICAL CERTIFICATION Same as item # 2 INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 24/4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No I PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work | At work | 22. I hereby certify that I attended the deceased from Mar 14, 19 51, to Mar 15, 1951, that I last saw the deceased alive on Mar 15, 19. 51, and that death occurred at 8:00 P m., from the causes and on the date stated above.

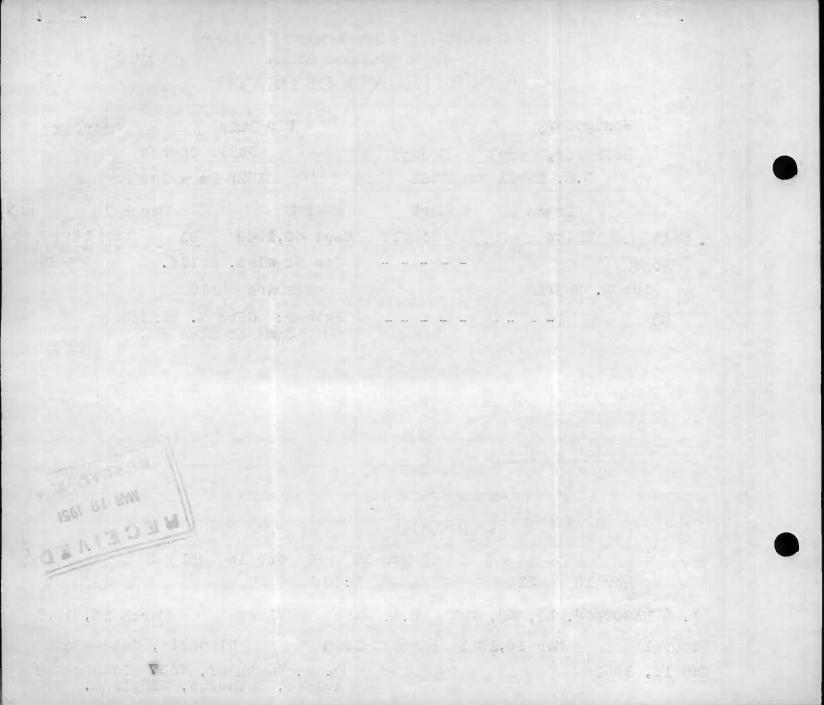
ADDRESS DATE SIG SIGNATURE DATE SIGNED A. GEDAROVICH, LT, MC, USN U.S. NAVAL HOSPITAL March 16. 1951 23. BURIAL, CREMATION | DATE THEREOF I NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) REMOVAL (Specify) Removal Forrest Lawn Glendale. California Mar 16.195] DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Mar 16. 1951 R. A. PUMPHREY. 7557 Wisconsin

Avenue, Bethesda, Maryland,

PLAINLY, is especially i

WRITE

PLEASE



WRITE

PLEASE

REG.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED STATE WAR RILLAND COUNTY COUNTY MONTGOMERY MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place) TOWN TOWN COUNTY HOSPITAL OR STREET MONTGOMERY (If rural, give iocation) INSTITUTION OR STREET ADDRESS ADDRESS HOSP 3. NAME OF (Middle) 4. DATE FRANCES WILLIAMS (Month) (Day) (Year) DECEASED DEATH & 195-(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH IIf under 24 hrs VARP WIDOWED, MIYORCED Days Months [FEMALE COLORED Hours Mln. 200 1/-1911 (Specify) 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life rewent fretired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? U.S. A. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CHARLES BROWN 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. HUSPITALAND ECORDS (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONBET AND DEATH Yema Immediate cause Antecedent cause(s) Mars Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not remaner related to the disease or conditioo causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (Specify) (COUNTY) (STATE) OF HOMICIDE INJURY TIME (Month) INJURY OCCURRED HOW DID INJURY OCCUR? (Day) (Year) (Hour) OF White at Not While Work INJURY At work 1951, to 2/5/, 1951, that I last saw the deceased 22. I hereby certify that I attended the deceased from.... 195/, and that death occurred at.... A.m., from the causes and on the date stated above. alive on.... ADDRESS SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL, CREMATION TEMOVAL (Sporty) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL ADDRESS



VS. A15

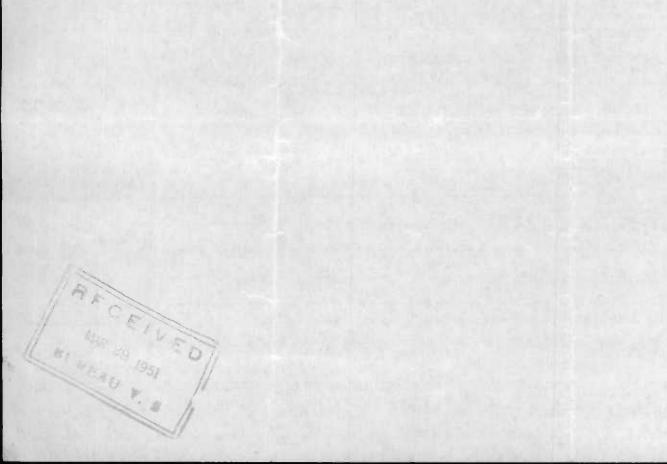
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

02839

COUNTY MONIGON MARYLAND	STATE Marylers COUNTY	monti
CITY (If outside corporate limits, write RURAL and CR give nearest town) Serverele (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) Suprose (Middle) (Type or Print) Coyus Suprose Milos	(Last) 4. DATE (Month) OF DEATH March	(Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. VSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	maryland	COUNTRY! USA
13. FATHER'S NAME William & Wilson Eliz	aleth Hartha Harling.	
(Yes, no, or unknown) (If yes, give war or dates of 0781050/120	17. INFORMANT AND ADDRESS Pich fel	sell R
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Myresche	les lesonie	34ms
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	elecoro	2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cousing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	Yes No O
HOMICIDE INJURY	<u></u>	
TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED While et Not While et Not While At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1942, to 3/19/, 19.57, that I last se	w the deceased
alive on 3/17/, 19.51., and that death occurred at 2. (Degree or title)	DDRESS On the causes and on the date sta	nated above. DATE SIGNED
triber inu.	Juney Homy My	3/19/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE		
REMOVAL (Specify) Mar 22, 1951 Inian Cer		mol
		y) (State) ADDRESS



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

02840

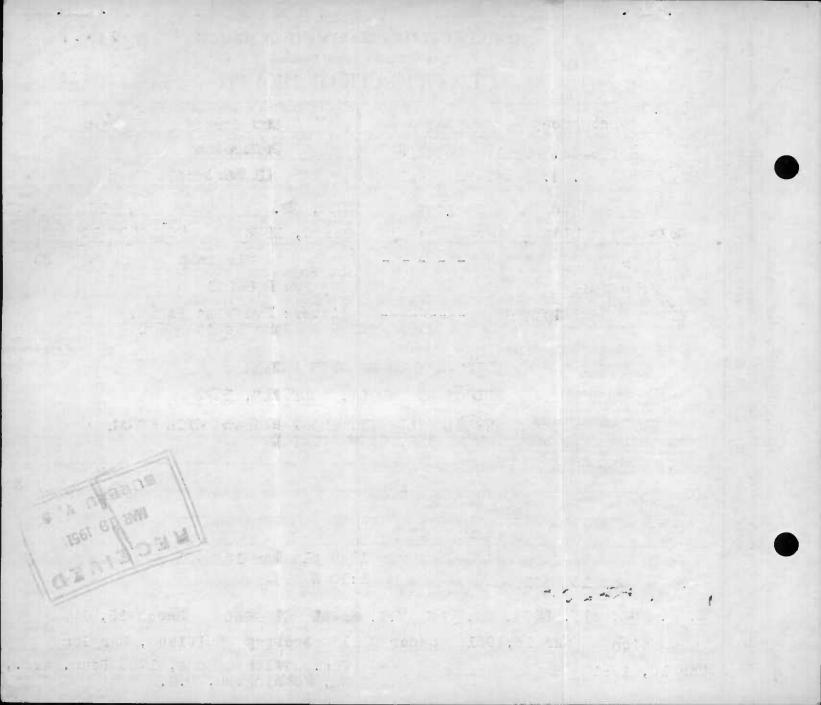
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

g. Dist. No. 215

055879

GENTINIO	Reg. Dist. No
1. PLACE OF DEATH- COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE New Jersey Mercer
CITY (If outside corporate limits, write RURAL and LENGTH OF SOR give nearest town) Town Bethesda, Rural 3 days	STAY CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural, give location) ADDRESS 61 Westscott Road
3. NAME OF (First) (Middle) DECEASED (Type or Print) John Sargent	(Last) 4. DATE (Month) (Day) (Year) WISE, Jr. DEATH March 15 19 51
Male 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCE (Specify) Single	CED. Mar 2, 1876 75 yrs. 60 ths Par Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	SS OR II. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY? US
John WISE	14. MOTHER'S MAIDEN NAME EVA DOUGLAS
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, voore unknown) (If yes, give war or date of service) Spanier	- Sister: Eva Wise BARNEY
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CAL CERTIFICATION SAME AS ITOM # 2 INTERVAL BETWEEN ONSET AND DEATH DEMA WITH ANOXIA
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	MOLI, MULTIPLE, LEFT ROTIC HEART DISEASE WITH MURAL
(6)	RIGHT AURICLE
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT	TON 20. AUTOPSY? Yes No K
21. ACCIDENT (Specify) PLACE (Home, farm, factory, SUICIDE OF office bidg., etc.)	street, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY or Mork At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Ma	r 12, 19.51, to Mar 15., 19.51, that I last saw the deceased
alive on Mar 15, 19.51, and that death occurred (Degree or title)	d at 1:10 A.m., from the causes and on the date stated above. ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CE	S. NAVAL HOSPITAL March 15, 1951 METERY OR CREMATORY LOCATION (City, town, or county) (State) Hill Crematory Suitland, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 15. 1951	Jos. Gawler's Sons, 1756 Penn. Ave.,
	NW, Washington, D.C.



(Year)

WHAT

No

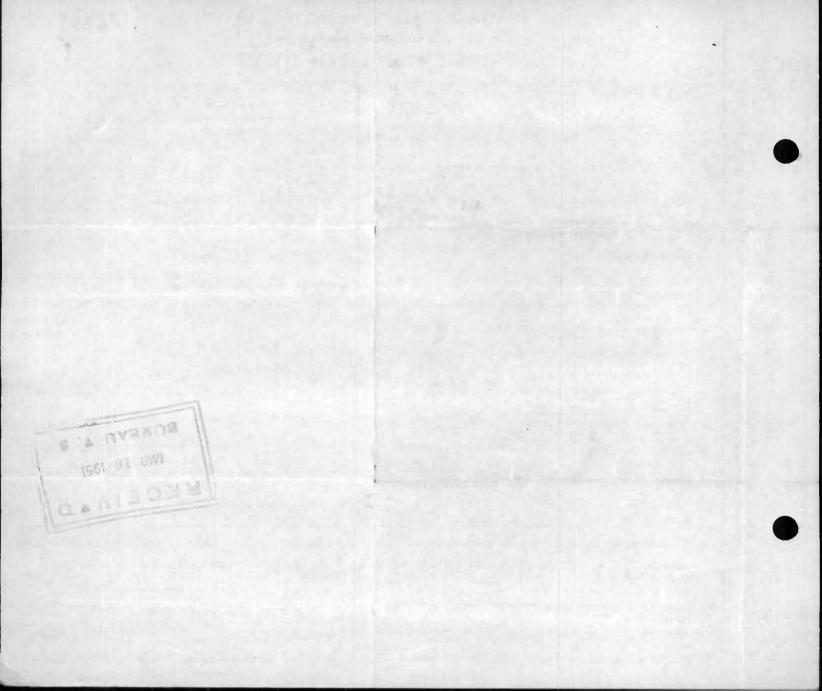
CERTIFICATE OF DEATH Reg. Dist. No. 2.1 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY STATE Montg MontgMaryland MARYLAND ion carefully. CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give oearest town) (io this place) TOWN daither shurg HOSPITAL OR STREET 6-Holland Ave, INSTITUTION OR STREET ADDRESS ADDRESS death clearly and 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED OF Thelma Wood Leona Mar DEATH (Type or Priot) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 9. AGE last birthday If under 1 year | If under 24 hrs. Months. Bays Hours Mio. White June 1912 Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTIPLACE (State or foreign country) CITIZEN OF done during mont of voricing life even if retired) INDUSTRY || 11 COUNTRY? Gaithersburg. 14. MOTHER'S MAIDEN NAME Supply every item write the causes of 13. FATHER'S NAME Bricos 287 | 16. Social Security No. Leila amue] G. Heim 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS (Yes, no, or unknowo) | (If year, give war or dates of Neil Wood. Gaithersburg. Md. service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. Immediate cause 70× Antecedent cause(s) UNFADING it. Physicians: Diseases or cooditions, if any, 50 giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but not important. related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE OF office bldg., etc.) INJURY HOMICIDE PLAINLY, s especially i TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Whlie at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Alco., 1950, to Mar. 13195/, that I last saw the deceased and that death occurred at 5 aliye on. A.m., from the causes and on the date stated above. ADDRESS SIGNATURE (Degree or title) DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or couoty) 23. BURIAL, CREMATION DATE 15/51 Forest Gaithersburg. Oak Mrg REGISTRAR'S 24. FUNERAL DIRECTOR ADDRESS Ernest

age correct The

> BINDING FOR MARGIN RESERVED

WRITE

PLEASE





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02842

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Montgomery MARYLAND	District of Columbi	a
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town be the sda, Rural 10 days	CITY (Il outside corporate limits, write RURAL and give on Washington	e nearest town)
HOSPITAL OR INSTITUTION OR U. S. Naval Hospital	STREET (If rural, give location) ADDRESS 4520 36th Street, N	·W•
3. NAME OF (First) (Middle) DECEASED (Type or Print) Otis Moncrief	YOKUM 4. DATE (Month) OF DEATH March 3	(Day) (Year) 1, 1951
6. SEX Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Apr 11, 1900 9. AGE last birthday If under 150 yrs. If under 1900 100 yrs.	year If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOU KNOWN	Florida	CITIZEN OF WHAT
William T. YOKUM	May L. MONCRIEF	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give wer, or dates of service)	Wife: Julia I. YOKUM	
18. MEDICAL CE	RTIFICATION Same as Item # 2	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) OLD MYOCARDIAL	INFARCTS WITH MYOCARDIAL	
Antecedent cause(s) FAILURE.		
giving rise to the above cause stating the underlying cause last		
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 22	2 , 1951, to Mar 31 , 1951, that I last sa	w the deceased
alive on Mar 31, 19.51, and that death occurred at SIGNATURE	2:40 A m., from the causes and on the date sta	ated above. DATE SIGNED
	S. NAVAL HOSPITAL March 31	, 1951
Burial Apr 3,1951 Arlingtor	RY OR CREMATORY LOCATION (City, town, or county 1 National Arlington, Vir	
March 31,1951 Fact wellington	S. H. HINES, 2901 14th St	ADDRESS ., NW,
	Washington D.C.	



PLEASE

VS. A15A

Evidence for change in shown on:

Shown on:

AND. G 1 3 2 APR

I. PLACE OF DEATHCOUNTY

CITY (If outside corporate light on give nearest form)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

3. NAME OF FIFT

MARYLAND STATE DEPARTMENT OF HEALTH

6 1951 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02843

Reg. Dist. No. 216

763936

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	10
MARYLAND	Mayland	Morety
CITY (If outside corporate limits, write RUBAL and LENGTH OF STAY OR give nearest fown) TOWN	CITY (If outside conforate limits, write RURAL and give OR	e nearest town)
HOSPITAL OR	STREET (Iffu al give lo ation)	9
INSTITUTION OR STREET ADDRESS Juburban Hoef.	ADDRESS R.F. 0 4 1	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Will Service	young DEATH Man	25 1981
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	DATE OF BRITH 99 9. AGE last birthday If under Months	Days Hours Min.
10a USUAL OCCUPATION (Give k'nd of work dine during nost of working life, even if retired) 10b. Kind of Business on Industrial Indu		CITIZEN OF WHAT
13. VATHER'S NAME	MOTHER'S NAIDEN NAME	
Evan Nicholson	Josephine Dwyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, zo, or unknown) (If yes, give war or dates of NO service)	17. INFORMANT Paraley Carste)
18. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	The state of the s	INTERVAL BETWEEN ONSET AND DEATH
		ONSET AND DEATH
Immediate cause (a) Cormany are	lusion	1 hr.
4/20./ Antecedent cause(s)		
Diseases or conditions, if any, (b)		
stating the under ying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🕟
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while injury m. While at work in at work in		
22 I certify that I took charge of the remains described above held an A	ulance Inspection I Inquiry thereon and	from the evidence
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deceded.	ased died on the day stated above, and death in my	opinion resulted
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	undetermined □. ADDRESS	DATE SIGNED
STORATORE (Degree of title)	ADDRESS	DATE SIGNED
Trans 4 / Surrhart M.V. Her	thinking mik	3-57577
DEMOVAL (Consider	RY OR CREMATORY LOCATION (City, town, or count	
Burial 3/30/51 Layhill Cl	hurch Cem. Layhill, Maryl	and
REG. 3-29-51 Helen Kurvaen	MARTINERAL DIHECTOR	
	Here W. Pumphrey Bethesda,	waryland

313

IZEL & FIAS B.V. WEALU V. E

BECEINER

detro Marios 1

4-41-6

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02844

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MONEY MARYLAND	STATES Was Spring COUNTY	Marsharera
CITY (If outside corporate limits, write RUMAL and LENGTH OF STAY OR give nearest flown) (in this place)	CITY (If outside corporate limits, write RURAL and siv	e nearest town)
TOWN Delver spring	TOWN Maryla-ex	
HOSPITAL OR INSTITUTION OR 7	STREET ADDRESS (I rural give location)	1 ,000
STREET ADDRESS /05 Company	100 100 NI YAN	7 57
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	OUNG DEATH March	7 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	& DATE OF BIRTH 9. AGE last hirthday If under	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even il estired) INDUSTRY OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	//
Samos 1. Cally	I simulta mund the	
15 Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	
service)	Harry 6. Denny	
18. MEDICAL CEI	RTIFICATION //	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Intestinal Ole	struction	11.000
153 Immediate cause (a)		1 week
Antecedent cause(s)	Per	10 40 . 1
Diseases or conditions, if any, (b)		o Jeans
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. At work	HOW DID INJURY OCCUR?	
15 North	10071 . 7 Men 1051	
22. I hereby certify that I attended the deceased from 5 Nov	14. 49	
alive on 7 March, 1957, and that death occurred at.	m, from the causes and on the date sta	ited shove
SIGNATURE (Degree or titie)	ADDRESS	DATE SIGNED
Maluela M.D. 112 Willow	or As Takens Park Hd	7Ma'51
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	OR GREMATORY LOCATION (City, town, or county	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL/DIRECTOR	A D D D D D D D D D D D D D D D D D D D
REG. 3/9/51 Trances Soller	I Win Lee & Sons Co 300-	ADDRESS NE
	(1) ash 3.1)	.0.



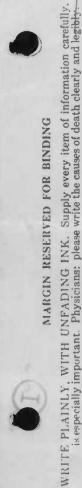
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No...

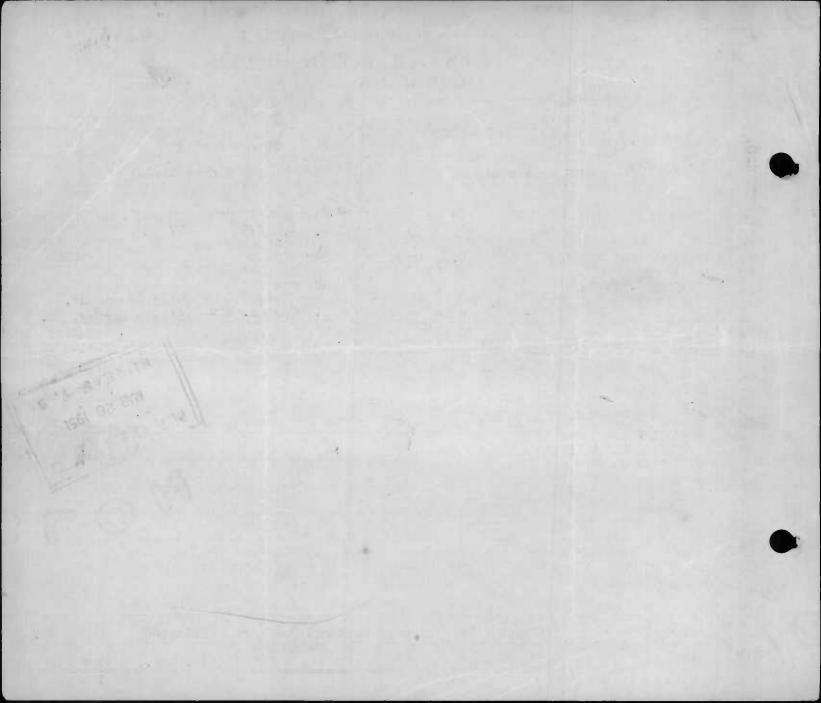
The correct age

MARGIN RESERVED FOR BINDING



COUNTY Montgomery	MARYLAND	STATE Marylan	id Morfle	omery
CITY (If outside corporate limits, write RU OR givenerest town Spring	RAL and LENGTH OF STAY (in this place)		ste limits, write RURAL an Spring	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9508 Monroe	Street	STREET ADDRESS 9508 1	(If rural, give location	n)
3. NAME OF DECEASED (First) (Type or Print)	Clinton	Mours	4. DATE (Month) OF DEATH	(Day) (Year) 2 / 1917
Male White	7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) MATTIED	Nov. 18, 1873	// yrs. \	nder I year If under 24 hr nths Days Hours Min
10a. USUAL OCCUPATION (Give kind of working dona during most of working life, even if retired Professional Soldier	10b. KIND OF BUSINESS OR INDUCES. Army	Connecticut		COUNTY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
George C. Young		unknown		
15. WAS DECRASED EVER IN U.S. ARMED FORC (Yes, no, or unknown) (If yes, give war or date	es of none	Mrs. Agnes I.	DDRESS 9508 Monr Young, Silver Sp	roe St.
	18. MEDICAL CE	ERTIFICATION		INTERVAL BETWEE
1. DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH			ONSET AND DEATH
	Cormany o	reclusion,		sudden
Immediale cause (a).	7		**************************************	
Antecedent cause(s)	(1			ausim
Diseases or conditions, if any, (b) giving rise to the above cause	······································		* pains propriet * intrinsic c c c c c c c c c c c c c c c c c c	
stating the underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing de				
19a. DATE OF OPERATION 19b. MAJOR				20. AUTOPSY?
				Yes No K
PRIMARY OR CONTRIBUTING OF OF	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (Cour	
TIME (Month) (Day) (Year) (Hour)	I INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY m.	While at Not while work at work			
22. I certify that I took charge of the ren obtained by said Autopsy, Inspection from: natural causes X, accident SIGNATURE	or Inquiry, find that said dece	eased died on the day state, undetermined ADDRESS	t, Inquiry thereon of above, and death in	nnd from the evidence my opinion resulted DATE SIGNED
23. BURIAL CREMATION DATE THER	EOF NAME OF CEMETE	ERY OR CREMATORY		county) (State)
Buryal (Specify) /3/23/5		ational Cemetery		Va.
DATE REC'D BY LOCAL REGISTRAR	S SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
9/23/51 Jun	ced totler	Warner & Tumpha 84	34 Ga. Ave., Si	llver Spring,
/ /		1 0'	Me Me	ryland
			575 91	6

PLEASE



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

112846 Reg. Dist. No. V. / 8

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY	STATE	Tar
CITY (Poutside corporate finits, write BURAL and LENGTH OF STAY	CITY (IL ayunde corporate limits, write RURAL and give neg	rest town
CITY (I) outside corporate tents, write BURAL and LENGTH OF STAY OR live nearest town) TOWN	TOWN Keyal Line To May	
HOSPITAL OR	STREET (I/Tural, give location)	-
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	y) (Year)
DECEASED (Type or Print) CHARLES	LEITLE 17 DEATHMAN 25	1951
5. SEX 6. GOLOR OR RICE 7. SINGLE, MARDIED, WIDOWED DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday II uoder 1 year	r If under 24 hrs.
Illian Muy (Specify)	Nec 14 /8/11 /7 yrs.	Hours Min.
10a, USUAL OCCUPATION (Give kind of work the during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Cr	TIZEN OF WHAT
Medical of arrases of account	markland	WUA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	1/2
Learge To Jeller	Central & Dellman	
15. Was DECRASED EVER IN U.S. ARMEN FORCES 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes give war or dates of	17. INFORMANT AND ADDRESS	20 2
service) W	Mrs Charles White 1435 Ahring 1	D. n.w
18. MEDICAL CE		75
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ERVAL BETWEEN SET AND DEATH
\ 0 '		2.8
Immediate cause (a)		Zw.
Antecedent cause(s)	0.0	10.0
Diseases or conditions, if any, (b)	me markenen delok	~ Xaro
giving rise to the above cause stating the underlying cause last		
(c)		9
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20.	AUTOPSY?
	Y	es 🗆 No 🖾
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY while at Not While Work At work		
	11 3/24 (1	
22. I hereby certify that I attended the deceased from	, 19.T., to	he deceased
alive on 3/24 195 (, and that death occurred at	m., from the causes and on the date stated	ahorro
SIGNATURE (Regree or title)		ATE SIGNED
Man M	- 0 < 1.1 3	15/161
Alfred Line	dudy grown M	1000
23. BURIAL, CREMATION DATE THEREOF NAME OF CELETE	RY OR CRAMATORY LACATION (City, town, or county)	(State)
DATE REC'D'BY LOCAL RYGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	DDRESS
196.27/5/ Sour 1 120/1	War W Ballet Vallant	e. Ilei
		110
	1/11-1/	6

